

# **SOCIAL ASSISTANCE IN INDIA**

**Thesis Submitted For The Degree of Doctor of Philosophy  
(in Commerce) of The University of Allahabad,  
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* 1 Lakh      =      1,00,000  *
*
* 1 Crore     =      1,00,00,000 *
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* 1 Lakh      =      One Hundred *
*                Thousand         *
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* 10 Lakh     =      One Million  *
*
* 1 Crore     =      Ten Millions *
*****

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## P\_R\_E\_F\_A\_C\_E

In modern times, social assistance has assumed an important role in any scheme of social security and is a sign of the interest that a welfare State takes in the masses. In an underdeveloped economy where the national income is very low, the development of social assistance institutions is inherently limited; but its importance tends to increase alongside the expansion phase through which such an economy passes in an endeavour to get relief from miserable conditions of poverty and want. In our country social insurance has made some progress, but social assistance institutions are yet to take root within a democratic framework. Indian economy is perhaps the only in Asia which has recently taken concrete steps to introduce social assistance schemes. It is expected that the present schemes of social assistance are likely to expand with the development of the economy. It would be very interesting to study the process of economic growth and the assistance contents of social security in an economy which is set firmly on the road of economic progress. My interest in the subject of social security was evoked in the year 1965 when I had opted for this paper as one of my alternatives in my M.Com. (Final) examination. Since I was entrusted with its teaching, it further aroused my interest and I began my work on the subject.

## 2.

The entire work of this study has been divided into four parts. The opening part deals with a conceptual definition of the subject, and the nature, content and scope of social security. It includes two chapters where an examination of policies and principles relating to social assistance has been made. The State is responsible for the implementation of these schemes in various fields. In the second part of this thesis, different forms of social assistance, benefit structure and eligibility conditions have been investigated. It covers three chapters, i.e., 3, 4 and 5 and deals with the financial issues of this study. A sound policy of finance has been emphasised with suggestions for better financial arrangement for these schemes. The financial aspects of a number of welfare schemes during the plan periods have also been described. In Part Three, the administrative system of social assistance, and an efficient policy for the same has been explained. The economic implications and general considerations of social assistance schemes with special reference to underdeveloped economies have been dealt with exhaustively. Chapters 6 and 7 form this part of the study. Finally, there is a concluding chapter which constitutes Part Four. It appears to be needless to mention at this place, my findings and recommendations as they have been summarised in the Abstract for easy reference, and are, in any case more than what a preface can conveniently accommodate.

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## C O N T E N T S

- A. Preface.
- B. Contents.
- C. List of Statistical Tables.
- D. Introduction.

### PART - ONE

#### Page No.

#### CHAPTER

#### I. A. CONCEPT OF SOCIAL ASSISTANCE. 1 - 29

- 1. Growth and origin of Social Assistance. ... 1
- 2. Nature, contents and scope of Social Security. ... 5
- 3. Nature, concept and scope of Social Insurance. ... 7
- 4. Social Assistance - Nature, concept and scope. ... 8
- 5. Nature and scope of Voluntary Insurance. 19
- 6. Social Assistance Vs. Social Insurance. 20
- B. NEED OF SOCIAL ASSISTANCE IN INDIA. 22

#### II. GENERAL PRINCIPLES AND BASIC ISSUES OF POLICY. 30-42

- A. Basic Policies and Principles Relating to Social Assistance. 30
- B. Social Security As A Basic Objective of Social Policy. ... 38

### PART - TWO.

- III. CLASSIFICATION AND BENEFIT STRUCTURE OF SOCIAL ASSISTANCE. ... 43-191
- Principal Forms of Social Assistance. 43

CHAPTERPage No.

## III. Contd...

(A) Old Age and Invalidity Assistance. ...	45
(1) Old Age Assistance Scheme in U.P.	51
(ii) Old Age Assistance Scheme in Kerala.	58
(iii) Old Age Assistance Scheme in Karnataka.	63
(B) Mothers' Pension Scheme. ...	69
(C) Scheme of Maintenance of Children.	72
(D) Unemployment Assistance. ...	77
(E) Rehabilitation of the Disabled and Crippled. ...	95
(F) Rehabilitation Assistance to Refugees and to the dependents of War victims.	119
(G) Medical Assistance. ...	149
(H) Social Welfare Service Schemes.	172
(I) General Assistance. ...	184

PART - THREE.IV. FINANCING AND ADMINISTRATIVE SYSTEMS OF SOCIAL ASSISTANCE. ...

192-209

1. Problems related to financing of the schemes. ...	192
(a) Types of taxes levied. ...	197
(b) Earmarked Vs. Non-earmarked taxes.	199
(c) General tax Vs. Special tax.	201
2. Technique of sound financing policy.	201
3. Suggestions for improvement in the financial administration of Social assistance. ...	200, 204, 207

V. FINANCIAL ASPECT OF SOCIAL WELFARE DURING PLAN PERIODS. ...

210-243



<u>CHAPTER</u>	<u>Page No.</u>
VI. <u>ADMINISTRATIVE SYSTEMS OF SOCIAL ASSISTANCE.</u> ...	244-253
VII. <u>ECONOMIC IMPLICATIONS OF SOCIAL ASSISTANCE WITH SPECIAL REFERENCE TO UNDERDEVELOPED ECONOMIES.</u> ...	254-265

PART - FOUR

VIII. CONCLUSION (An overall picture).	266-273
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APPENDICES. 274-295

(I). Proforma of the Application Form for Old Age Pension Scheme of Andhra Pradesh. ...	274
(II). Institutions for the Handicapped in India. ...	276
(III). Statewise distribution of Family and Child Welfare Projects and Centres on March 31, 1973....	287
(IV). Integrated Pre-School Projects (Urban Neighbourhood) 1969-70.	289
(V). BIBLIOGRAPHY - Books, Reports and other Literature referred to in the thesis.	290

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## LIST OF STATISTICAL TABLES

<u>Table No.</u>	<u>Title</u>	<u>Page No.</u>
I.	Ratio of the Blind per One Lakh of the population in different countries.	98
II.	Number of Blind Institutions in different States.	100
III.	Allocation of amount on Rehabilitation Assistance during First Five Year Plan.	103
IV.	Allocation of amount on Rehabilitation during Second Five Year Plan.	104
V.	Number of the Deaf Institutions in different States.	111
VI.	Employment record of Handicapped Persons (April 1970 to January 1971).	113
VII.	Performance of the Vocational Rehabilitation Centres.	116
VIII.	Number of Orthopaedically Handicapped Institutions in different States.	118
IX.	Rehabilitation Assistance during First Five Year Plan.	121
X.	Rehabilitation Assistance during Second Five Year Plan.	122
XI.	Number of The Migrants from East Pakistan.	123
XII.	Number of Relief Camps for new Migrants from East Pakistan to different States.	129
XIII.	Progress of Rehabilitation Assistance.	130
XIV.	Statement of Expenditure on Rehabilitation upto 1970-71.	133

<u>Table No.</u>	<u>Title.</u>	<u>Page No.</u>
XV.	Number of Burma Repatriates who have been given Rehabilitation Assistance in various States/Union Territories.	140
XVI.	Statewise distribution of repatriates from Burma to India.	141
XVII.	Number of Families admitted in Permanent Liability Homes.	142
XVIII.	Programme of New Construction of Permanent Liability Homes.	143
XIX.	Outlays on Public Health & Medical Programmes during Third and Fourth Five Year Plans (Proposed).	170
XX.	Distribution of outlays on Public Health and Medical Programme for the Fourth Five Year Plan.	171
XXI.	Drought Damage and Relief in different years.	186
XXII.	Amount of Drought Relief in different years.	187
XXIII.	Average Flood Damage.	189
XXIV.	Plan expenditure on Flood control.	190
XXV.	Fourth Plan outlays under major heads of Social Welfare.	209
XXVI.	Expenditure on Planned and non - planned items.	211
XXVII.	Total number of grant sanctioned and amount released on grant-in-aid programmes during the Plan period.	215
XXVIII.	Statewise distribution of Plan expenditure on different programmes (1961-62 to 1966-67).	216
XXIX.	Number of original Projects and grants sanctioned in 1966-67.	219
XXX.	Statewise number of Welfare Extension Projects of coordinated pattern and grants sanctioned during 1966-67.	222

<u>Table No.</u>	<u>Title.</u>	<u>Page No.</u>
XXXI.	Statement of number of grants sanctioned to Mahila Mandals from 1961 to 1966.	224
XXXII.	Statewise distribution of Mahila Mandals as on March 31, 1967.	225
XXXIII.	Statewise distribution of Urban Welfare Extension Projects (1961-67).	228
XXXIV.	Number of Condensed Courses of Education - Amount sanctioned and amount released.	230
XXXV.	Amount released for Condensed Courses of Education during 1961-67 and allocation for 1967-68.	232
XXXVI.	Statewise distribution of amount released on Holiday Camps since 1961-62 to 1966-67.	237
XXXVII.	Statewise distribution of units and amount sanctioned on Socio-Economic Programmes and the amount released during 1966-67.	240
XXXVIII.	Expenditure of Social Welfare in different Plans.	243
XXXIX.	Distribution of Social Welfare outlay in the Fourth Five Year Plan.	243

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## I\_N\_T\_R\_O\_D\_U\_C\_T\_I\_O\_N

## I\_N\_T\_R\_O\_D\_U\_C\_T\_I\_O\_N\_

"The era of freedom will be achieved only as Social Security and human welfare become the main concern of men and nations"<sup>1</sup>. This statement of the distinguished Canadian statesman, W.L. Mackenzie King, indicates the world-wide importance of Social Security programmes.

Seeing the importance and advantages of Social Security programmes many countries of the world have adopted it. Along with them India too has taken note that an attempt to provide security for the mass of the population is one of the obligations and the greatest tasks of a democratic government. The Social Security system, specially in India, is relatively new as compared with such systems in the western developing countries.

For ensuring security, specially economic, all the industrial nations having social security schemes in their respective areas, have implemented a variety of social security

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1. These words were quoted in a speech delivered by W.L. Mackenzie, the Canadian Prime Minister at Toronto on October 9, 1944.

programmes. Most of them have taken the form of "Social Insurance" which is financed by tripartite contributions of employers, employees and the government. Here payments are made to those persons whose income has been stopped due to old age, sickness, maternity, disability, employment injuries, un-employment and death of <sup>the</sup> bread winner. Other programmes of Social Security have taken the form of "Social Assistance" whereby persons in genuine need are given public relief or assistance because of extreme poverty, old age, or for other reasons. Some social assistance programmes have taken the form of "welfare schemes" in which benefits are given to all deserving persons fulfilling certain prescribed conditions of the assistance without any previous contributions or taxes paid. The remaining programmes have taken the form of "Voluntary Insurance", whereby persons accumulate money in a fund at a convenient rate and use it at the time of economic necessity.

For protecting human beings from economic insecurity, whatever measures of social security have been adopted in any country, the primary object behind them was to replace the income lost because of Social and economic factors and to provide a minimum subsistence of life by granting assistance in cash or kind.

The word "Social Security" appeared first of all in the Social Security Act of the United States. Later on its importance spread rapidly throughout the world. Social Security was provided in the Atlantic Charter of 1941 which gave it further impetus.<sup>2</sup>

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2. See Social Security - A Workers Education Manual, I.L.O. Publication 1938, Geneva, p. 12.

There are some countries in which "Social Security" programmes cover all those schemes of the government which aim at achieving the maintenance of income; in others it comes under the purview of social insurance; and in some countries it touches a large number of services concerned with health and other welfare programmes. In India the term is used in a different sense. The majority of the population identify "Social Security" with old age benefit, workmen's compensation scheme, maternity benefit, Employees State Insurance programme and Health Insurance Schemes. "Social Security measures" here cover all Social Insurance programmes providing benefits in cash as well as in kind. Under Social Assistance Schemes payments are made to those persons who are in acute need, whereas a variety of social welfare services are implemented under welfare schemes.

Since most of the programmes of Social Security ensure continuous flow of income it will be described briefly under "Social Assistance" programmes of Social Security in India. Their scope is large and significant in the national economy. But the majority of the population including some political and business representatives in the leadership of the country do not understand what Social Security means. Even in the United States where Social Security has firmly been established it is not understood by many in the real sense.

The programmes of social security in India have been shared by the Ministries of Labour, Social Security, Health, Education and Social Welfare with the underlying goal of wiping



(iv)

out poverty and those factors which lead to social evils including economic insecurity. As this assertion suggests, social security has a broader meaning than the specific programmes that make it up. It means protection against the risks which individuals of poorer sections cannot by themselves control. The converse of social security is social insecurity; the situation in which people are exposed to and unprotected against overwhelming, frequently inscrutable, social forces.

By the middle of the twentieth century, governments had begun to concern themselves in greater or lesser degree with some or all of these threats to economic security. Many different types of public action can be distinguished. In the first place governments have adopted a series of measures whose object is to reduce the general extent of economic insecurity. Preventive health measures are probably the earliest example of this type of public action. Originally developed on a relatively restrictive basis, concerned primarily with protecting the community as a whole against infectious or contagious diseases, public health activities today tend to emphasize positive health and rehabilitation. As such, they operate to reduce the extent of income loss due to ill health and also to increase incomes from employment by fostering the development of a more alert and vigorous population.

A more recent form of government action looking towards a reduction of economic insecurity for all members of the community is the series of positive measures, and express<sup>ed</sup> or implied commitments, of modern governments to promote or maintain full employment.



(v)

In many countries governments have sought, or have been given, legislative authority to take various steps deemed necessary to maintain a high level of economic activity and employment in general. Although there is<sup>a</sup> great difference between different levels of government in the measures to which they are in fact equipped to take action when needed, the fact that certain types of public action can directly affect the volume of employment is no where seriously questioned, and most highly industrialized nations now appear to hold their governments responsible for taking such steps as are appropriate and necessary to avoid general economic breakdowns.

These public social security measures have typically taken two forms : cash payments and benefits in kind. In most countries, the former are today by far the more important. The traditional social security system, the poor law as a rule provided assistance in kind, by giving needy persons supplies of the commodities needed to support life or more recently, by issuing them grocery orders or by supporting them in an institution. During the last fifty years, outdoor relief or assistance given in the home has come to supersede institutional relief, at least for able-bodied persons, while assistance in cash has rather generally taken the place of payments in kind.

The policy of giving economic assistance in kind was adopted in part precisely because it was believed to be unpopular with the beneficiaries and would thus serve to deter recourse to publicly assured income. But it was also thought to be a method of meeting the basic needs of the economically

(vi)

insecure with minimum cost to the tax-payer, especially at a time when there was a general presumption that those who sought public aid were almost by definition persons incapable of efficiently managing their own economic affairs. Over the years, however, there has been a growing recognition of the undesirable effects on human personality of this removal from the individual of all freedom in the running of his economic life and of the fact that this system is often administratively costly, especially for large numbers. These considerations, coupled with widespread resentment on the part of the recipients especially during depression years when millions of normally independent workers were forced to seek public aid, led to the virtual abandonment of this form of assistance and the search for new approaches that would facilitate the assurance of income security to the unemployed through cash payments.

These efforts have had two consequences : the invention of new social security systems that either replaced the poor law or functioned simultaneously with it, and modifications in the character of the poor law itself. Thus, in most highly developed economies today, the typical governmental instrument for ensuring the economic security of individuals or families is some form of social insurance or a statutory cash payment or an income - conditioned pension. And while the poor law system is found in some degree in most of these countries (frequently under the more modern title of social assistance), its character has been greatly changed. Nevertheless, all those not protected by such social insurance systems and those for

(vii)

whose needs the social insurance benefits proved inadequate could fall back upon the residual social assistance system, which however, typically provided payments in cash and <sup>kind</sup> ~~in kind~~. In many other countries the scope of the non-social assistance economic security systems is even greater, and the relative importance of social assistance is correspondingly less.

In the second place, the issue of cash versus kind has also arisen in countries whose concept of income security has extended beyond the mere assurance of continuity of income, to include a concern about the adequacy of any given average level of incomes to meet the needs of families with children.

In the third place, the question of cash versus kind is also an important issue in those countries which have adopted social assistance to remove the threat to family living standards of the costs of medical care. Here, countries face a choice between some form of cash indemnity system and the direct provision of needed medical care by government as a public service. The cash payment under indemnity systems may indeed differ somewhat from that made to individuals under most income security systems, for it may be made to the supplier of the medical service, on behalf of the patient, instead of to the patient himself. Many compulsory health insurance systems, for example, permit the patient to consult the doctor of his choice but reimburse the doctors <sup>fees</sup> from social insurance funds. No money thus passes through the patient's hands. Other compulsory health insurance systems, however, indemnify the patient by paying some defined portion of his medical bills or by paying him a flat sum for specific types of medical

care received. Both of these indemnity systems, however, differ in some major aspects from the alternative approach, which has come to be known as the public health or medical service, whereby the government accepts responsibility for operating a system of medical care to which all, or defined groups of the population, have access, either free or at nominal cost. Most countries which make some public provision against the costs of medical care have adopted some form of indemnity system.

Examination of the government efforts to provide social help makes clear how far they fall short of the mark of helping the poor to become socially secure. The vast, effective social insurance programmes do not reach families with insufficient incomes. Social assistance programmes though specially directed to low income families are very far from reaching them all. Those who are assisted are in many cases assisted inadequately. Remedies are available. They will only be effective, however, if improving the condition of the poor is the primary and not an incidental objective of policy.

**PART - ONE**

**CONCEPT OF SOCIAL ASSISTANCE.**

## CHAPTER I

### (A) CONCEPT OF SOCIAL ASSISTANCE.

#### (1) Growth and Evolution of Social Assistance :

The present Social Assistance system originated in the Elizabethan Poor Law, which dates back to 1601. The erroneous impression still persists to some extent that the "Poor Law" was abolished in 1929 when the guardians of the poor - the local bodies elected to administer it - were abolished, but all that actually happened was that the machinery, brought up to date here and there, was placed under the direction of the county and county Borough Councils, and the law governing the grant of relief was merely consolidated into the Poor Law Act, 1930. The fact, therefore,<sup>1</sup> that the main principles of the 'Poor Law of 1601' are still in being but that other social legislation has lessened the scope of the law.<sup>1</sup>

The first principle of the system is contained in Section 14 of the Poor Law Act, 1930, which re - enacted Section VII of the Poor Relief Act of 1601 viz.:

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1. See Robson Social Security, William A. Robson, London (1940), p. 38.



"It shall be the duty of the father, grand-father, grand-mother, husband, or child, of poor, old, blind, lame, or impotent persons, or other poor persons, not able to work if possessed of sufficient means, to relieve and maintain that person".

The duty of local authorities to relieve these follows in Section 15. From Section 14 there arises the principle that relief may be given by a local authority only to destitutes, that is, only to those persons whose personal or family resources are insufficient to meet their immediate needs. Whilst no statutory definition of destitution exists, the former Local Government Board expressed the view that "in determining whether a person is destitute or not it must be remembered that a person may be destitute in respect of the want of some particular necessity of life without being destitute in all respects"<sup>2</sup>. Since then, legislation has provided that certain kinds of income, National Health Insurance benefit, Disability Pensions shall be ignored to some extent in considering the grant of relief, and the position therefore, now arises that a man may be technically "destitute" but yet have means which formerly would have disqualified him from receiving relief. It is likewise permissible for capital assets to be ignored to some extent - a principle entirely abhorrent to the original Poor Law system.

From the principles of the original Poor Law there followed - quite logically - the requirement that, before relief could be granted, the circumstances of the applicant

and the household in which he resided must be taken into consideration, i.e., the "family" or "household" means test. But this requirement has been materially changed in "household" cases by the operation of the Pension and Determination of Needs Act, 1943.

Despite this latest modification of <sup>Poor</sup> Law, however, the fundamental principles of the Poor Law are still applicable to some types of cases, although several classes which formerly had to turn to the Poor Law for assistance when in need have been, by other social legislation, removed from its scope. Inequality of treatment between different sections (richer and poorer) and unscientific methods of distribution were the main defects of poor relief. They are only remedied by a State policy of enlarging the area to be taxed and served by assistance system. It can be done <sup>in</sup> ~~by~~ two ways, first by grouping commune together for assistance purpose, and secondly by associating local, State and Central government for social assistance purpose. Experience shows that adequacy of assistance qualitative and quantitative has only been approached in proportion as State intervention has increased. In the Nineteenth century such State intervention in social assistance was rare, but it has been increased more extensively and intensively in the present century. The constant policy of Central government generally has been to implement special schemes of social assistance of distinct types of need for the attainment of prescribed minimum standards of service.



As such it is these special schemes which are denoted by the term "Social Assistance" which differentiates them from the general scheme of poor relief which was confined to persons who were actually destitute.

The social assistance schemes, mostly established since 1900, give expression to a different attitude towards poverty. Their benefits do not involve any political disqualifications for the recipient as was in <sup>the</sup> case of poor relief, and they are granted, not only to destitutes, but also to any person who has not the means to satisfy his needs according to a recognised standard. These social assistance schemes are gradually relieving the general scheme of poor relief of its responsibilities. In some countries where poor relief has never been a public obligation, social assistance schemes have been developed until they cover almost every essential basic need. In some countries, the development of social insurance has forestalled the necessity of social assistance. On the whole, the awar<sup>e</sup>ness of a social solidarity grows into a conviction of obligation, and leads to ~~the~~ pooling, for social welfare. At the beginning of the present century these traditional approaches had given rise to two main currents in the development of Social Security movement : Social assistance, representing the unilateral obligation of the community towards its dependents, and Social insurance, based on compulsory mutual aid.

To elucidate the nature and concept of social assistance it would be important to discuss the nature, contents and scope of social security. Now in this Chapter I propose to discuss this important issue with special reference to the social assistance schemes that form its integral parts.

## (2) Nature, Contents and Scope of Social Security :

Social security is a device for ensuring freedom from want or poverty which is one of the formidable obstacles in the way of progress. Social security implies security against those risks to which the individual remains exposed even when the condition of society as a whole is better. It does not include various measures for improving the condition of society . . . . full employment, minimum wage, factory laws, public health, housing, education, social welfare and so forth.<sup>3</sup> Social security is achieved by introducing those schemes which aim at continuous flow of income to an individual at the time of social contingencies or when an individual is a victim of these social contingencies like sickness, unemployment, disability, maternity, death of supporting member and these events normally result in a stoppage of income.<sup>4</sup> Here benefits are given on the insurance principle

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3. Lord Beveridge, Epilogue in William A. Robson (ed) Social Security (London, 1948), p. 428.

cf., Insurance in India, Agarwala, A.N., p. 19.

4. Article 25 of the Universal Declaration of Human Right adopted by general assembly of the United Nations on December 10, 1948 says - "Every one has right to...security in the event of unemployment, sickness, disability, widowhood, old age or lack of livelihood in circumstances beyond his control."

but the contributions come not only from beneficiaries, as in commercial insurance but also from their employers and from the State. Such schemes of income security are collectively called Social Insurance which is part of social security. In addition to this, assistance help and relief is provided to the sick in the shape of medical care, to mothers and children, and to other categories of needy persons. Such schemes are collectively known as Social Assistance, forming another part of social security. Under social assistance, benefits are given to needy persons who satisfy the prescribed conditions or 'means test' by the State out of its own resources raised through general taxation. Social security has therefore, been described as "the security that society furnishes, through appropriate organisation, against certain risks to which its members are exposed. These risks are essentially contingencies against which the individual of small means can not effectively <sup>provide</sup> by his own ability or foresight alone or even in private combination with his fellows.<sup>5</sup>

Social Insurance is <sup>a/</sup> another integral part of social security. It is therefore, <sup>necessary</sup> to discuss the nature, concept and scope of social insurance. However, it is also equally important to discuss this issue in brief just to have a clear concept of social security.

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5. Approaches to Social Security; An International Survey (I.L.O. Montreal, 1949), p. 81.

cf. Insurance in India, Agarwala, A.N., p.20.

### (3) Nature, Concept and Scope of Social Insurance :

Social Insurance had been defined as a co-operative device which aims at granting adequate benefits to the insured persons on a compulsory basis in times of oldage, sickness, maternity, unemployment, employment injury, disability and death of insured person with a view to ensure a minimum standard of living out of a fund accumulated from tripartite contribution of workers, employers and State, and benefits are paid without any means test as a matter of legal right.<sup>6</sup> Thus, Social Insurance has certain important features. It involves the creation of a common monetary fund from where benefits in cash and in kind are paid and this fund is created out of the contributions of workers, employers and the State. The rate of contribution in case of workers is usually kept at a low level so that they can easily afford to pay it; whereas the major portion of the fund is shared by the employer and the State. The benefits granted to workers are expected to be sufficient to ensure a minimum standard of living during the period, and they are <sup>provided</sup> as a matter of legal right without any means test. Once the title of the claimant of benefit is established, his private income is ignored. In addition to this it is a compulsory measure of Social Security.

All these points have been emphasised by Lord Beveridge. According to him social insurance is the "giving in return for contribution benefits up to subsistence level, as of right and without means test, so that individuals may build freely

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6. See Insurance in India (Thesis) : Agarwala, A.N., p. 25.



upon it". He was also of the opinion that "Social Insurance implies both that it is compulsory and men stand together with their fellows". Again he said - "Social Insurance means the provision of cash payments conditional upon compulsory contribution previously made by, or on behalf of the insured persons, irrespective of the resources of the individual at the time of the claims". Thus under Social Insurance, benefits are not paid gratis but they are systematically financed. William Beveridge had also expressed his views in the same manner.

#### (4) Social Assistance - Nature, Concept and Scope\*

Now I will discuss the main issue of the subject in the form of nature, concept and scope of social assistance. The word Social Assistance denotes ~~to~~ some help from society to those who seek it. During the last two decades this phenomenon got greater importance. Most of the countries of the world are having their own system of social security and those who do not have, but are, on the road of development, are thinking to implement these schemes in their respective areas. India is also one of them, where social security benefits have now been provided in different forms to the masses. These social security measures have typically taken two forms : Cash payments and benefits in kind.

"Social assistance is a mechanism by means of which benefits in cash or kind are provided out of the general revenues of the State to those in acute need designed to

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\* Author's Research Paper published in Commerce Journal, Allahabad University : Vol. XIII, No. 1, Sept. 1969, p. 18.

enable them to live at a minimum subsistence standard directly or through some appropriate organizations as of right and subject to means test".

In the case of social assistance the condition of means test or test of need is very important and regarded as being "deterrent", namely the requirement to undergo a test of need and to be dependent on the discretion of an administrator for decision as to eligibility and amount of payment. This control relies for its effectiveness on the assumption that to most independent and self - reliant persons the procedures accompanying the application of a needs test will be regarded as so humiliating that every effort will be made to avoid seeking this type of social help. It is indeed, this important feature which from the point of view of the potential beneficiary, distinguishes social assistance from the other types of social security viz., social insurance and voluntary insurance.

The fundamental principle on which social assistance is based is the payment of assistance, grant or provision of relief by the State to the needy persons on the basis of their demonstrated individual need? ~~Though,~~ There are other available principles on which payments can be based, for example, the principle of an assumption of average need; the principle of past earning or standard of living of the beneficiary. But the principle of actual need as demonstrated

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7. See Burn, Out Line of Social Security and Public Policy, New York, 1966, p. 19.

in the individual case is very much suitable in the case of social or public assistance because of the fact that it permits the adjustment of publicly assured income to precise needs of the individual applicants and also saves money to the tax-payer by stopping payments to persons who are not needy. The other principles of payment do not claim this advantage and hence they are not suitable for social assistance because they treat individual suffering and loss of income as members of larger or smaller groups. Hence the grant or relief sanctioned under the existing principles applicable to the group as a whole, may exceed or fall short of the minimum needs of individual families. The following are the important features which have emerged from the definition :-

- (a) It is a separate device for providing social security benefits for special cases<sup>B</sup> ;
- (b) Assistance is granted by the State from its own fund directly or through some appropriate organizations;
- (c) Aid or help is being given to extremely persons in acute need with a view to provide them a minimum subsistence standard;
- (d) Assistance is granted as a matter of right; and  
lastly

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B. These cases denote some peculiar feature of social assistance scheme by which it can clearly be differentiated with the other schemes of social security.

- (e) It is granted only to those persons who fulfil certain prescribed conditions.

Samuel Eklar had pointed out the chief characteristics of social assistance in a different language. According to him it is a (i) separate provision for selected social dependency need; (ii) entire cost of the scheme is borne by the State and (iii) the application of uniform and statutory means test.

In other words it can be said that it is a comprehensive State service of financial help for those in acute need, because their financial resources are not enough to meet their particular requirements and they are out of the scope of the other social security programmes. The scheme of social assistance does not have any condition for contribution and therefore, it is a non-contributory scheme and requires a condition of means test.

In the study of social assistance it is important to have a clear understanding about the general and special cases of need. General needs are those which almost can be met with the resources available to the persons concerned, whereas special needs are those which require immediate attention of the special institutions designed for the purpose. In the present set up of social security in our country, *where* social assistance measures have been given due weightage and help, aid or assistance is sanctioned only to genuine and special cases. The responsibility of the implementation of the scheme from the view of the financial angle rests on the



shoulders of the State and a fund is created for the specific purpose through general taxes. The fund which is being accumulated is distributed to the persons in need of social assistance, directly or through some recognised social institutions<sup>9</sup>. Moreover, the object behind the help is neither to maintain the applicant above the subsistence <sup>level nor</sup> to raise the standard of life but some how to allow him to lead a life of minimum subsistence standard. One important point which may be a bit controversial here, is the question of right to assistance. Social assistance is granted as of right, <sup>meaning thereby that</sup> ~~means~~ the applicant reserves the right to assistance for a certain period if he qualifies himself in the means test conducted by the assistance authority. For instance, if a man is selected for a particular kind of assistance for a specific period, say for one year, he holds his right reserved for that particular assistance for that period, and without any appropriate reason the payment can not be stopped during the period. The explanation for withholding the payment of assistance during the middle of the period can not be the increase in the means of the applicant in the remaining period. But the payment can be stopped after the expiry of the period only.

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9. These institutions are set up to provide assistance in kind especially to provide social service. In a few cases they have also provided help both in cash and kind.

In the same line of concept of the subject there appears another important issue which should be discussed in the same context. The problem is whether social service should be included in the social assistance scheme? Various arguments may be given in its favour. Taking the objective of the services for instance, we find that there is no fundamental difference between the objectives of the two schemes. For the sake of convenience and efficient administration assistance schemes are administered by the Ministry of Labour, Social Security and Rehabilitation, Ministry of Health directly and the welfare schemes are implemented by the Department of Social Welfare and administration is carried on by the Social Welfare Board. All the major policies related to both schemes are taken independently by the Ministry of Labour and Social Security and there is no discrimination in the policy. Even in the Beveridge report, Lord Beveridge had suggested <sup>to</sup> the Government of United Kingdom ~~for~~ the inclusion of social welfare service in the programme of National Assistance Scheme and the same has been included. On this ground we should not make any difference between the two. It is, therefore, apparent that in the nature of services provided by these two different institutions, there is no fundamental difference in their ideology. In some cases both institutions have provided similar facilities for instance, 'Old Age Assistance' scheme on the same conditions and lines. Thus, from the above argument

it is advisable to include those social welfare services which are of the same nature and kind into social assistance schemes and the same has been done in the present study of social assistance.

After discussing different issues of social security now social assistance can be defined as a device by means of which assistance in cash or kind <sup>is</sup> ~~can~~ provided to extremely needy persons, out of the State funds raised through general taxation, with a view to provide them a minimum subsistence directly or through some recognised social service institutions administered by Social Welfare Board as of right subject to means test. Such schemes have been established mainly since 1900 and they supplement social insurance. Indeed the scope of social insurance has certain inherent limitations which require social assistance with a view to complete a comprehensive system of social security.

Coming to the scope and coverage of the scheme, it can be mentioned that it is confined to the services in kind and assistance in the shape of cash which are in the interest of society as a whole. Services mainly include medical care and hospitalisation in which services of general hospital, mental hospital, tuberculosis sanatorium, dispensaries, treatment centres for venereal diseases, maternity and child welfare centres. Until about 1900, almost the only example of social assistance was to be seen in the field of medical care and specially hospital care<sup>10</sup>. The Central and Local

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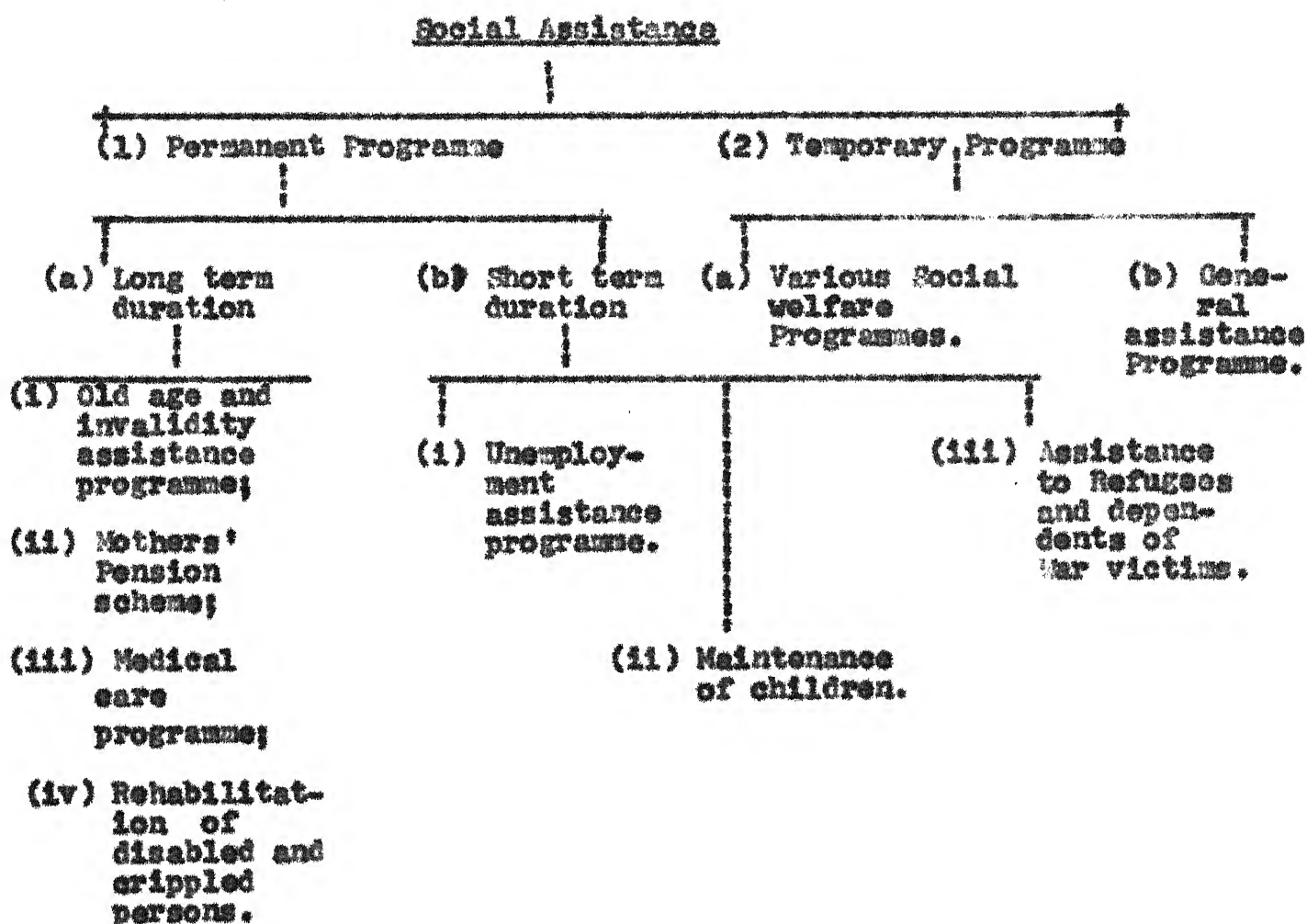
10. See Approches to social security, I.L.O. Publication (Geneva), p. 5.

Governments have cooperated in establishing general and mental hospitals which can be used by all categories of people. Immediately after the First World War, the States began to concern themselves intensively with tuberculosis and venereal diseases and with all aspects of maternal and child welfare.

Family welfare in its forms assumes an important place in the social policy of the Government throughout the world. Before 1920, the State concerned itself mainly with the moral welfare of children specially with proper education and guardianship of neglected and abandoned children. Similar to these services other social welfare services are provided by the department of Social Welfare and they are included in the study of social assistance. These services may be temporary in nature but their effect on society is vital.

Besides granting assistance in kind, many countries have adopted cash assistance in a variety of forms in the social assistance measures. Old age and invalidity pensions are meant specially for persons above 60 years with no means of livelihood and persons who are totally and permanently incapable of work. Mothers' pensions <sup>are</sup> usually granted for maintaining ~~their~~ children who have no father to support them and <sup>for</sup> the maintenance of children specially orphans. Assistance to unemployed persons are given in the form of relief work and cash allowances and finally rehabilitation of disabled people and refugees assistance are concrete examples of social assistance programme.

Scope and Coverage of Social Assistance



The scope of social assistance can also be understood in a different manner. It is comprised of two considerations - First, the range of contingencies covered under the scheme and secondly, persons protected under the scheme. Assistance, help or relief programme is divided into two groups. One is associated with permanent assistance programmes while the other is temporary assistance programme. The



programme which is of a permanent character has again been divided into <sup>long term</sup> short term programme. This classification of social assistance has <sup>been</sup> done taking time factor into consideration and it is very important because of the fact that there is always a problem of paucity of funds out of which assistance is distributed and various schemes of assisting nature are financed and it (classification) helps the assisting authority to create funds separately for permanent and temporary assistance programmes. It will certainly improve the frequency of success of the administrative machinery. In most cases it is seen that the administrative body expresses its inability to continue programmes of long term duration due to lack of funds. A programme which is temporarily required to be implemented is a short term assistance programme and for immediate relief or help it is implemented in various forms; whereas the permanent assistance programme is a long term programme and implemented to provide minimum subsistence life. But it does not mean that long term programme may not be temporary in nature and short term programme may not be permanent in character.

Social assistance in the form of old age and invalidity assistance, mothers' pensions scheme, and rehabilitation of disabled and crippled persons and assistance to refugees and dependents of war victims are kept under the long term permanent programmes. In some way or other the State has to provide funds for these various programmes of long term duration. The programme of unemployment assistance and medical care



programme and maintenance of children <sup>and refugees' assistance</sup> may be put under the permanent short term duration programmes because in most of the cases the frequency of contingencies is seen for a shorter period. Exceptions may be there no doubt, but they are rare. Social assistance in the shape of welfare programmes and emergency relief measures are implemented temporarily and hence the programme of welfare and relief may be put under the programmes of temporary character which include programmes of relief for immediate need also. These relief programmes can be called programmes of general assistance financed by State or Local Funds and providing benefits either in cash or in kind to persons in need. Thus, it is a residual programme covering those cases which are not covered under public assistance. These programmes may be larger in number but a few of them are very important in the sense that they provide immediate relief and save the person concerned from being ruined and enable him to earn some thing for his livelihood. Among these social welfare programmes, programme of grant-in-aid<sup>11</sup>, socio-economic programme<sup>12</sup>, child welfare programmes, provision of night shelters and

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11. Programme of Grant-in-aid includes the help given to voluntary institutions for welfare of women, handicapped persons, deaf and dumb, blind, mentally retarded and orthopaedically handicapped and homes and clubs for aged and infirmes.

12. Under the socio-economic programme needy women and physically handicapped persons are provided with work and wages by giving them training and employment facilities in production units of small cottage industries.

holiday programme and others similar to this are very important and efficient in their working. In the general assistance programmes, drought relief, flood relief, and other helps of this nature are quite important and are being included in the programmes of social assistance.

(5) The Nature and Scope of Voluntary Insurance :

Social Insurance and Social Assistance Schemes aim at providing basic income for subsistence. The scope and limitation of voluntary insurance as a part and parcel of social security stand in need of careful consideration. Voluntary insurance should cover the whole field of insurance; whereas social insurance is compulsory in nature. But since we are considering only social security measures, we have to study only those contingencies which are under the purview of social security. Voluntary insurance in other words, implies insurance voluntarily purchased by individuals against the specified contingencies of social security from any commercial insurance companies. The use of commercial insurance for contingencies other than death or old age has not been very popular and that is why life insurance occupies such a dominating position in the whole field of commercial insurance. Therefore, for all practical purposes, voluntary insurance in the context of social security refers to voluntary life insurance. Lord Beveridge used to call life insurance as voluntary insurance, while some other experts of the subject call it optional insurance and Dr. Alfred Manes gives it the title of commercial insurance. Thus

Voluntary Insurance which is optional in character of this form of social security is only limited to rich persons who can afford to purchase it. Life Insurance is therefore, one of the forms of social security. In this context it must be remembered that Life Insurance according to the notion of modern social security is not meant to supplant social insurance but only to supplement it.

The purpose served by the social Insurance which is compulsory in nature can also be fulfilled by voluntary insurance especially in the matter of provision against old age and death which are not always adequately provided for by social insurance. This is the third part of social security. Thus the scope of social security consists of two parts, i.e., insurance and social assistance. The insurance part can, again be sub-divided into two parts - (a) social insurance, (b) voluntary insurance. Social security can be provided by three distinct methods - "social insurance for basic needs; Social or national assistance for special cases; and voluntary insurance for addition to the basic provision".

#### (6) Social Assistance Vs. Social Insurance :

Similar to social assistance, social insurance is another device of social security and provides a legal title to benefits. With a view to complete a system of social security, social insurance approach is equally important. However, both the systems differ from each other in some

respects. Firstly, social assistance is wholly financed by the State out of its own resources whereas social insurance is financed by the tripartite contributions. Secondly, under social assistance benefit is given gratis<sup>13</sup> while social insurance is granted to those who pay a contribution. Thirdly, social assistance benefits are subject to means test; whereas social insurance does not insist upon a test of means and benefits are granted without it. And finally, in social assistance the question of maintaining proportional relationship between the contributions and benefits does not arise but such a question is some times sought to be maintained in case of social insurance.

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13. This is a very important distinction. These schemes may have the character either of social insurance or of social assistance; in other words, they may be either contributory or non-contributory from the stand point of <sup>the</sup> beneficiary . . . Social Security : Principles (I.L.O. Montreal, 1944), p. 1.

(B) THE NEED OF SOCIAL ASSISTANCE IN INDIA

The progress of a nation is judged not merely by the wealth it owns but the facilities, services and assistance provided to needy persons and by welfare schemes implemented for the mass/<sup>of</sup> the needy population. Franklin D. Roosevelt had rightly observed that "The test of our progress is not whether we add more to the abundance of those who have much; it is whether we provide enough for those who have too little".<sup>14</sup>

In the present set up of Social Security Scheme of our country Social insurance approach has been given due consideration for providing Social Security. But merely by having social insurance methodical<sup>ly</sup> plan/<sup>neel</sup> our desired objective of Social Security perhaps may not be fulfilled, because, it is apparent that under social insurance scheme all the categories of the population will not be covered against income loss. Social insurance scheme which is compulsory in nature, does not include those persons who come from <sup>the</sup> agricultural sector or who are agricultural wage earners as well as a considerable number of independent workers both in towns and villages. The proportion of the existing population thus excluded and the extent of their exposure

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14. Quoted from the speech delivered at the Second Inaugural address by U.S. President Franklin D. Roosevelt on January 20, 1937.

\* Author's Research paper published in Commerce Journal Allahabad University, Vol. XII, No. 1, September 1968.



to various risks especially economic, calls the immediate attention of the government that some ways are to be found for helping them to maintain ~~the~~ life at the subsistence level.

An important system which has been adopted by the government in this sphere is the institution of some forms of "Social Assistance" scheme for those persons who were excluded by social insurance<sup>15</sup>. The scheme would relate to financial help or aid in the case of special circumstances of each applicant, but it would be able to provide relief at first only to the neediest cases where aid or help is very urgent and essential, and gradually extending the scope of implementation in the course of time.

In spite of rapid development of Social Assistance programme in the world during the last two decades the question of its full implementation in our country did not receive any official attention till to-day; and the problem merely remained at the official level which further adds fuel to the burning fire of social problems. The need of implementing such schemes has also been laid down in article 23 of our Constitution. According to the Constitution - "The state shall, within the limits of its economic capacity and development make effective provision for securing to the right to work, to education and public assistance in the case of unemployment, old age, sickness, disablement and other cases

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15. See, Regional Conference For the Near And Middle East, an I.L.O. publication, page 55.



of undeserved wants<sup>16</sup>. Lack of such public programme impedes increased production on the one hand which leads to longer labour turn over and present building-up of a permanent labour force, and on the other it decreases the efficiency of the groups of the population which are neglected <sup>by</sup> ~~the~~ social insurance schemes with the result they are affected by poverty and subjected to other social evils. Whatever the report of the various committees and commissions appointed by government <sup>it</sup> was confined mainly to a few branches of Social Assistance, viz., Medical care, Old Age Assistance in the few States of the country, Rehabilitation assistance for refugees and disabled persons and widow allowances in the case of central government employees, and that too was implemented after the partition of the country except the medical care. It was since the close of Second World War that the phrase of non-contributory scheme has appeared in <sup>the</sup> writings and thoughts of the government and people of this country more than ever before, and a step is now being taken by the government on a pilot basis for the possibility of its introduction in our country. There could not be two opinions on the desirability of the subject except, only if we could afford it, a social assistance scheme in this country at our own cost.

The explanation of the necessity of Social Assistance system is not a difficult task; its necessity to India is unchallengeable without having the discussions beyond the

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16. See, First Five Year Plan, Government of India Publication, page 55.

limits of reason and fitness. It is a well known fact that ours is a country where poverty prevails all over, the standard of living of the mass of the population is below the subsistence level. The basic institutions of joint family and other village community<sup>ies</sup> are becoming weaker day by day on account of inflation, increasing cost of living and other existing social evils that these institutions are not in a position to take proper care of the members who are in need of social help especially at the time when they become victims of social contingencies. Lack of social assistance forces them to take loans if "they can or suffer almost limitless depression in their already depressed standard of living. The loan which they get may provide them temporary relief,<sup>but</sup> becomes a permanent drain in their unsubsidised earnings and makes them more poor".

The nature of social risks in our country are very rigorous and acute in their operation and incidence. The facilities provided in our country are quite insufficient to meet the demands for the proper treatment of fatal diseases like cancer, tuberculosis etc.,. Spells of inevitable calamity also come when an independent worker is temporarily disabled or when the only earning member of the family dies leaving a widow and other dependents, or when he<sup>be</sup> comes old. There is absolutely no social provision for such a person against

this social contingency. It leads to social evils like destitution, child labour, woman labour, low wages, prostitution and beggary. Recently in the state of Maharashtra some remedial steps have been adopted to combat beggary. The adoption of social assistance scheme is the only way for escaping from this miserable and unhappy situation.

India is presently facing the acute problem of un-employment especially of <sup>the</sup> educated mass. The nation hardly provides any protection to the sufferers. The problem becomes more acute where the alternative methods of social security viz., social insurance has not been implemented, in that case when the worker is thrown out of employment and nobody is <sup>there</sup> to help him, sympathise with him or maintain him. When he becomes old he is discarded. In all such cases of misfortune it is the social assistance schemes which can give him immediate relief. The best method of keeping the worker at his job is to praise psychologically and not to censure him for his lack of concentration, for his irresponsibility and provide him adequate facilities in the events of un-employment and other miserable events etc., and ensure him a reasonable standard of living. Social assistance is the best psychological method especially in our country to promote a national outlook.

The need of social assistance is especially great in our country because of the fact that other forms of social security which we are having for specified contingencies cannot give desired results unless and until it is supplemented

by the scheme of social assistance. No doubt, social insurance is the main instrument for guaranteeing income security but it cannot be the only one. It needs to be supplemented by the scheme of social assistance as well as by voluntary insurance. The scope of social assistance is wider than social insurance because the former is only limited to "persons who have established insured status while millions of the people are deprived of benefits because they never had a chance to become insured"<sup>17</sup>. The problem of its full-fledged implementation might have been a hurdle for our government in the past when our country was very backward and industrially unadvanced. Our national fund might not have been in a position to bear the cost of social assistance at that time. But to-day the situation is quite reverse. Presently we are having so many schemes of social welfare at our cost. So the problem of financing social assistance schemes is not very difficult for us as it seemed in the past. We are at present having <sup>an</sup> extensive system of medical aid, and pension schemes in a few States. If we extend their scope and activities we could easily set up a national full-fledged system of social assistance.

If any form of help, aid or relief against the contingencies explained above is granted, it would be appreciated that social assistance will be the best for assuring the individuals who do not have any insured status, for risk of life which their own efforts do not avail to provide. The provision of such a system must be regarded as one of the main instruments of economic and social peace and prosperity

17. See, Know Your Social Security, Arthur Larson, page 8.

in every country of the world. The people of our poor country as much need its benefits and advantages as the people of New Zealand, Australia and United States; and conditions must be created as to become favourable to the setting up of social assistance system in the social security measure in this country. Today, social assistance system has been adopted in many countries of the world seeing its dual function, viz., prevention and maintenance. It prevents the causes which lead to poverty and other social evils. It aims at supplying the means of subsistence and maintenance during the cessation or interruption of income due to old age, un-employment etc.. Social assistance scheme does not aim at restoration like social insurance.<sup>18</sup> But on this ground it should not be neglected at all. Every social scheme has its own limitations to some extent. No developing country or progressive country would like to leave the section of population having meagre income which does not provide even a minimum subsistence and keeping them away from the advantages of this scheme without any show of fairness and justice.

It has now been recognised that social assistance scheme from all these facts discussed above, for long term social welfare programme is an excellent way of investment of a society for having economic prosperity and human welfare. According to Royal Commission of Labour - "Even a small step

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18. Main function of Social Insurance is prevention, *of which* restoration and maintenance while first and last, comes under the purview of social assistance.



in the prevention of these ills would have an appreciable effect in increasing the wealth of India; a courageous attack on them might produce a revolution in the standard of life and poverty<sup>19</sup>. Social assistance is the best method thus far desired by the countries which wanted to have increased production and to raise the standard of living.

The principle of social assistance has been accepted every where by the government and it is the result of realisation of its importance that material progress calls for the proper and full-fledged establishment of social assistance schemes in India.

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19. Quoted from Report of the Royal Commission of Labour (Delhi, 1931), page 244.



CHAPTER - II

GENERAL PRINCIPLES AND BASIC ISSUES OF POLICY.

## CHAPTER II.

### (A). BASIC POLICIES AND PRINCIPLES RELATING TO SOCIAL ASSISTANCE.

Social Assistance is an unavoidable and permanent distinctive of social security systems. It is planned either to supplement the resources of individuals and their dependents so that they can manage to keep themselves alive or, if they have no resources, it should be sufficient for their subsistence. In every society, there will always be some people who are forced by circumstances to be in need of social help and who expect social assistance. There is no adequate system of social insurance benefits paid as a right either individual or collective. Such insufficiencies can be met only by consideration of special or individual circumstances, and assistance must be ensured to different basic needs. The amount that has been regarded as essential for subsistence differs according to the national productivity and standards of living of a country, being higher in developed countries because of their greater productivity and higher national income and smaller in underdeveloped and developing economies because of retarded growth and increased

burden of population on the economy. Assistance for the needy is the oldest form of social security. It is a natural expression of human sympathy, charity and is based on recognition of mutual interdependence between the needy population and the State.

The basic policy regarding social security is that it should have the merit of flexibility. It should, however, be reserved for a residue or minority of people whose needs, because of special circumstances, can not be met sufficiently by the well established Social Insurance Scheme which is an alternate form of Social security. Moreover, even when it is administered with high degree of success and free from the repugnant to feelings of the old poor relief, even then it is still unpopular in absence of an integrated scheme, limited scope and requirement of highly trained staff to administer it. Its use, therefore, should be kept to a minimum. Whenever substantial numbers of people whose needs are similar are found to be receiving social assistance, consideration should be given to devising ways of removing them from the scope of assistance. In the early stage of social insurance scheme, however, this may not always be practicable. For example, in providing old age pensions by contributory insurance method, a minimum period of contribution, which is usually several years, is required to qualify for such pension, and people near the pensionable age when the scheme is started may not be able to qualify; therefore, until the system is fully effective and integrated, assistance for those in need must be continued.

In a country where the scheme of social security is existing and if the proportion of social assistance is large and social insurance is practicable, there is a strong case for examining the main items of expenditure to see which of them could be taken over by an insurance or other scheme without a means test. Similarly, where expenditure on social assistance is increasing substantially, the causes should be investigated with the object of replacing assistance by other methods. Inflation may be one of the reasons for such increase which, by reducing the purchasing power especially of uniform rates of social insurance benefits, will tend to force increasing numbers of people to turn to social assistance. Here the remedy is to increase the rates of benefits as the cost of living rises. Another cause of increase in social assistance expenditure is the big rise in unemployment during severe and prolonged depression, with the consequence that many workers exhaust their right to unemployment insurance benefit if the scheme is in existence. Two main measures may be taken. One is to extend the period of insurance benefit and to raise the percentage of unemployment on which the scheme is based, so that by higher contribution, bigger reserves can be built up in good time. The second measure is for the State to apply its economic resources and controls so as to reduce long unemployment. This would prove a very effective policy of our economy where at present there is a problem of unemployment and absence of a scheme for providing unemployment insurance benefits.

The administrative machinery of social assistance today in many developing countries has been greatly improved if compared with the methods formerly applied in the poor relief system. In the Nineteenth Century, relief was meagre, and very much insufficient for normal existence of recipients and the conditions applied were so harsh that self-respecting people, even though in great need, would do any thing possible to avoid the stigma of pauperism unless destitution made them desperate. The underlying assumption was that the poor were responsible for their poverty, and that only thriftless, incompetent people would apply for poor relief. This gave it a bad name among decent people, and strong demands were made for drastic reforms to remove its objectionable <sup>feature</sup> by which benefits would be paid without humiliating inquisition into means<sup>1</sup>. It has been seen that many self respecting, self reliant people may, for no fault of their own, lose their jobs and be unable to provide even a meagre living for themselves and their families. Thus, during the period of prolonged industrial depression, many working people including the skilled, who ordinarily earn high wages and can afford a good standard of living, may be out of work for months at a time and find themselves without resources. They naturally, resent being treated by poor law officers as if they were degenerated idlers trying to live on public charity. They are only too anxious to be at work and support themselves.

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1. See, Richardson, J. Henry, Economic & Financial Aspect of Social Security (An International Survey) London, 1960, p. 49.



It would be a major change to administer the system in a more human way, and to remove its degrading features. Means test ~~is now~~ <sup>is now</sup> ~~liberally~~ applied with sympathy and consideration for <sup>the</sup> difficulties of those in need. Individual circumstances are investigated, but the principles and attitudes should be more liberal as a basic policy. In Britain, the applicant is not required to use up his small savings or sell or mortgage his home before being granted assistance. In India conditions of assistance are more rigid. Relatives outside the immediate family are increasingly relieved of the obligation to provide maintenance. Scales of payment have not been raised above the earlier pauper pittance so as to provide the minimum for health and decency, and have not become more standardised in order to remove uncertainties, arbitrary decisions and variations in grants according to the whims and moods of the administrative officers. In Newzealand, though benefits vary with income and therefore with means, the old form of means test is not used. Instead, flat or basic rates of benefits are fixed, for example for sickness, invalidity and old age, but the benefits are reduced by successive amounts for income above specified minima<sup>2</sup>. The British system of social assistance with fixed rates of payments (though with variable amounts

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2. Alongside the Newzealand age benefit, which varies with income, there is a superannuation system which pays benefits without a means or income test. This system provides for annual increase in the rates of benefit, and in course of time it will largely replace the age of benefits.



for rent to allow for differences in rent and different areas), combined with reductions determined by income, is essentially similar, and its pattern is applied in other countries. Standardisation of benefits in many countries has been extended over wider areas. Instead of separate rates of benefits paid by each parish or local poor law union and varying from one district to another, there are uniform rates of benefits administered originally or even nationally. In periods of prolonged unemployment, workers who have exhausted their right to unemployment insurance benefits are enabled to draw social assistance benefits from private resources. The effect <sup>is</sup> to that of a smooth transition from insurance to assistance.

In most of the developed countries now social assistance has been adopted on the lines suggested above as a successful instrument of social welfare policy. Now they feel that most of the objectionable features of social assistance have been removed. But inspite of the fact, in ~~a~~ countries like U.S.A. and Canada the recipient of social assistance suffers a loss of social status. There is a wide variation of the people who are examined by different professionally qualified social workers and by local officials and thus, there are wide variations also in the efficiency <sup>of</sup> ~~with~~ the social assistance when it is administered and the amount of benefit as well as advice and guidance given to the applicant by these two different set ups. As a result, people get no assistance though their needs are equally or more urgent than those of people who receive aid. So,

there must be coordination and extension of scope to ensure reasonably equity in the assistance of people whose needs are similar.

In our country the trend of social opinion is increasingly towards social assistance and public welfare schemes without a means test. It is regarded here as a last resort or a residual system to meet the needs of those poor persons who are not otherwise covered.

As a sound policy, it is suggested that unless there are sufficient grounds and reasons, social assistance benefits should be paid in cash not in kind, because it makes the individuals and families responsible to distribute their income in the way as they consider best in relation to their need. Though there would be chances of mis-using this income, experience shows that poor and illiterate persons often spend their income on drink and tobacco and not enough on food and clothing. But the majority of the people will meet their varying needs better by deciding for themselves. This is only possible when they are told the bad effects of its <sup>mis</sup>use.

But the problem would be more complicated specially for infirm, aged persons without relatives, orphans without relatives or foster parents and people who are mentally deficient, all of whom may need institutional accomodation and care. Another benefit that should be made in kind is medical care and hospitalisation, the need for which varies so much

between individuals and families that some may not like to spend much of their income on medical care ~~and~~ <sup>thus</sup> maintaining their health. This would largely be avoided if health services and medical care were provided free of cost. For infant children, provision of milk and other nutritional diet is also not difficult if an equivalent amount of money was given to the families.

There is need of coordination between <sup>the</sup> two important schemes of social security of a country in order to remove anomalies and inconsistencies and to fill the gaps. Due to piecemeal growth of social security system different principles are applied to different parts of the system. For example, it can be said that there is no real difference between the income need of an old person and those who are invalid but they get different benefits.

William Beveridge had also the same opinion which he had expressed in his Report about British Social Insurance. Such coordination is not very difficult in our country because of unitary constitutions. Such coordinations would be more difficult in countries with federal constitutions, where legislations and conditions are not the same in each province or state. According to <sup>the</sup> Beveridge Report - 'the existing social services . . . . (may) be made at once more beneficial and intelligible to those <sup>whom</sup> ~~they~~ they serve and more economical in their administration'.

It must be emphasised that the application of basic principles and social policies related to social assistance

scheme does not imply a uniformity of system and methods in all countries. Every country has its own economic conditions, political and social attitudes and these will determine the system and methods most appropriate for it. It may differ from country to country. However, it is important that each country in its own ways shall provide basic security for those in acute need.

(B). SOCIAL SECURITY AS AN OBJECTIVE OF SOCIAL POLICY:

The dynamic conception of social assistance which influences social policy as a whole and likewise economic policy, in its widest meaning it seems to coincide with freedom from want. For the present purpose, however, it ensures minimum necessities in the form of cash and in kind through social assistance schemes covering the principal risks which deprive poor persons and their dependents from minimum subsistence.

The use of this term emphasises the objective rather than the method of attaining it, and implies that the benefits should be reasonably sufficient. Cash benefits will not remove anxiety from the persons for whom they are destined unless the scale and duration of the payments are in reasonable relation to the need. Benefits in kind, chiefly medical care and placement in suitable employment, are necessary complements to the cash benefits in case of

illness or unemployment; but they also help independently to raise the standard of living. It further implies that the promised benefits will be duly available for the contingencies for which they are intended, and so indirectly a criterion is set for the organisation of the benefit services.

If people could individually cover the risks which threaten their means of subsistence, social security services would be superfluous. But such contingencies as illness, death and unemployment may occur with disastrous effects at any time, and they cannot be provided against by persons in isolation. The risks must be transferred from the individual to the community to which he belongs. The government must possess the financial resources necessary to enable it to honour all claims that experienced foresight can expect to be presented. Its membership must be large enough to keep the average risk fairly stable. The permanence of the community must be assured. These conditions are fulfilled only by social insurance schemes applying to a large number of workers in a wide variety of occupations and by social assistance schemes the solvency of which is guaranteed by the State or other powerful political units.

Social security is being sought as an objective to be attained for society as a whole. Ideally, risks are to be as widely shared as possible, and the fortunate in every sphere are to help the unfortunate. Whereas in private insurance, risks expected to be equal are arranged in



independent groups, in social insurance there is a measure of intentional grouping of unequal risks. In social assistance there is no differentiation of the members of the community according to risk.

The creation of social security services brings great advantages to a society by raising ~~its~~ its moral value, relieving directly the physical and mental distress which afflicts a vast proportion of the people, helping to reduce the causes of those evils, and cementing the structure of society itself.

In an economy where the method of social insurance is applied, the social security service promotes the effective conversion of the mass of the population into a genuine society. For the first time, perhaps, the manual workers are called upon to participate in the active reciprocal process of paying contributions and receiving benefits, learning thereby economic responsibility and the advantage of mutual aid. Employers likewise, as contributors to a social insurance scheme, become more fully aware of their interest in the well being of their workers. Also, the State, in establishing the scheme, guaranteeing its correct administration and perhaps subsidising it, is revealed as never before in the role of promoter of personal welfare.

Health is the primordial condition for prosperity, and the combination of incapacity benefit with comprehensive medical care is calculated to increase the working capacity of the population.

Social security services remove important causes of the fluctuation of incomes. A regular income has a higher marginal utility than the same income which is unpredictably irregular. A smaller volume of savings need be kept idle. The more regular income of the insured population is reflected in the greater regularity of consumption and so of the operation of industry.

The many advantages of social security services, however, must not lead us to believe that they constitute a panacea for social ills, because this is not true. These services are concerned with the contingencies involving interruption of earnings and with illness. They assume that the insured person ordinarily receives at least a living wage and enjoys good health. Consequently, the creation of social security services is not a primary, but only a secondary objective of social policy. Introduced prematurely in countries where the insured population is not properly fed, clothed and housed, where the environment is insanitary, social security services have proved disappointing. Resources that could have been spent on promoting the general fitness of the population have been diverted to treating - naturally with only temporary success - diseases that could have been prevented.

But here again the argument must not be pushed to an extreme conclusion. Thus it would be absurd not to introduce sickness benefit and medical care until all preventable

diseases have been eliminated, or unemployment insurance until none but frictional unemployment subsists. A common sense judgement is necessary. The risks to be borne by the service must be of manageable proportions, and the charges for covering them must not weigh upon individuals already at the poverty line. In a practical programme, designed to raise the national standard of living, primary needs are doubtless to be met first, but meanwhile a beginning may be made in the satisfaction of the secondary needs of those whose situation is already tolerable and who are ready to co-operate for their own betterment.

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PART - TWO

CLASSIFICATION AND BENEFIT STRUCTURE OF SOCIAL  
ASSISTANCE.

### CHAPTER III.

#### PRINCIPAL FORMS OF SOCIAL ASSISTANCE.

Under Social Assistance Scheme benefits are granted in the forms of -

- A. Old age and invalidity assistance;
- B. Mothers' pensions assistance;
- C. Maintenance of children;
- D. Unemployment assistance;
- E. Rehabilitation of disabled and crippled persons;
- F. Refugees' assistance;
- G. Medical assistance;
- H. Social welfare;
- I. General assistance.

All these schemes are non-contributory which do not require the condition of contribution as in case of Social Insurance. In other words it can be said that the claimant under them need not to contribute anything in order to get benefits. The non-contributory pension was introduced in order to remedy certain disability, which had become repugnant to public sentiment. The pension, financed from taxation,



was conceived of as a reward from society, and not as alms, and, in order to mark this distinction, it was laid down that the beneficiary must have certain qualifications, including moral character, and that the pension was due as a right enforceable, if denied, by appeal to a higher authority.

The desire to make a dignified and positive provision for the necessitous aged was felt first of all at the end of 19th Century in several other countries. The necessitous aged constitute a group which is eminently eligible for support by some body financially stronger than the commune. Two methods of making such provision are already exemplified in legislation, the Danish non-contributory pension and the German scheme of compulsory, subsidised, saving against old age. The advantages of the Danish plan were that its scope was universal, that it met the immediate needs of the existing aged, and that no machinery had to be set up to collect contributions and keep the account of contributors. These advantages proved decisive, both in that epoch and during the next twenty or thirty years, for these countries especially those which were comparatively rich, had a large class of small farmers to consider, and were confining their attention at the time mainly to the old.

Non-contributory pension schemes, it appears, represent a traditional phase in the evolution of social security methods. Except in Australia, Canada and South Africa, they have been over-shadowed or even replaced by contributory schemes of later introduction. The schemes of several countries vary

in the degree in which they are differentiated from poor relief. In some of the countries concerned however, there is, as has been mentioned, no statutory poor relief, and in others it exists in an extremely defective form, so that any kind of positive provision for necessitous groups appears as an improvement on the former situation. However, that may be, the most highly developed schemes, such as those of Australia, Canada, Denmark, Great Britain and New Zealand, offer the beneficiary important advantages over the poor relief typical of many countries. Receipt of pension does not involve any diminution of civil rights; award of the pensions is not conditional upon the absence of relatives legally liable and able to support the claimant; pensions are not confined to the destitute and beneficiaries are not required to give up any property they may possess <sup>in lieu of</sup> the pension, ~~to the authority~~. The fundamental character of non-contributory pension is that it is payable as of right and, in consequence, is granted to persons fulfilling statutory conditions and to such only. Implicit in the notion of the pension as a right are definiteness in the pension rate and procedure of award which assures the claimant of full and fair consideration.

(A). Old age and Invalidity Assistance :

The provision for old age assistance scheme was established first of all in Denmark in 1891, then the scheme was introduced by Newzealand in 1893, France 1905, Great

Britain 1908, Uruguay 1919, South Africa 1928<sup>1</sup>, and in India only after <sup>the</sup> Second World War. The main objective of granting the old age and invalidity assistance is due to economic and social problems which the aged and invalid have to face. Economic problems relate to their contribution to, and share which they get from the national product. The problem which is of social character, relates to their (aged) care by the members of the family or the community to which they belong.

With the development of modern techniques of production the problem of unemployment is becoming more chronic day by day. In such circumstances whether the old people will get jobs, is a matter of consideration. To a large extent, even at present the need of the aged, are shared by the members of the family as a matter of customary practice prevailing in society. But life is becoming more costly day by day because of the race between the income and expenditure and continuous raise in prices. In such cases the members of the family are unable to take proper care of the old and dependent aged. Thus the reliance of the old people upon the supporting members of the family is declining gradually<sup>2</sup>. The fact of this situation can be seen in the

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1. See, Social Insurance and India : Idgungi, M.R., p. 84.

2. The Indian Journal of Labour Economics, University of Lucknow, Lucknow, Vol. VII, October 1964 - January 1965 - Nos. 3 & 4, p. 238.

census of India 1951. It is cited that in West Bengal<sup>3</sup> about 36.63% of the house-holds have no dependent members living with them like sons or unmarried daughters, about 15.2% of these house-holds do not have any relative as a member of the house-holds. The above percentage has increased to 59.80% and 40.07% respectively, <sup>where</sup> house-holds are headed by a widow or divorcee. That is why, the state has come forward to take certain measures for maintaining their standard of living.

In the legislation two methods were already exemplified for making such provision : the Danish non-contributory pension scheme and German scheme of compulsory, subsidised, saving against old age.

Under the present scheme the risk of old age, in - validity and risk of blindness is covered. That means the scope of old age and invalidity assistance is limited to the old, the invalid and the blind. Old age is a condition in which a person is no longer fit to play a normal role in the production function where as invalidity is a physical state in which a person is totally and permanently incapable to work and blindness is a visual defect which makes man incapable of work.

Social assistance is subject to certain qualifying conditions which must be fulfilled by the claimant. The most important condition is the condition of age which is generally 65 years. In other words it is necessary that

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3. Census of India 1951. Paper I, 1958. "Characteristics of family house-holds 1951 Census, West Bengal.

the claimant must have reached the age of 65 years in order to get assistance. Besides the condition of age there are other prescribed qualifying conditions which have to be fulfilled by the claimant.

Qualifying conditions :- The qualifying conditions, as laid down in most of the laws, fall under three heads - Political, moral and economic.

In case of Old Age Pension - Fifteen to twenty years residence. But in American States he must have spent 5 out of the last 9 years in the territory of the State concerned.

In case of Blind or Invalidity - For this pension a shorter period, such as five years may be prescribed or none at all if the disability appeared after residence in the country began.

Moral and Economic Conditions :- The moral conditions have been laid down with an intention of the society to provide benefits only to those persons who are worthy on the ground of their respectable life, to the exclusion of claimants with a criminal record, husbands who have deserted their wives, drunkards, or persons who have tried to live without working.



These conditions are not so strict as regards the blind and invalid old age assistance.

The economic condition relates to the means test. This type of assistance is limited to those persons whose income do not exceed a prescribed limit, which, however, is never less than that deemed necessary for bare subsistence and in some instances considerably more. Thus the grant of assistance depends primarily on the means of claimants.

In our country assistance is granted only if the claimant is not in a position to earn his livelihood or in other words if his monthly income does not increase to Rs.10/- and there is no one as relations of 20 years or above for instance, son, brother or husband/wife. Under the present scheme beggars and mendicants who have institutional care, are not included<sup>4</sup>.

Benefit Rate :- The rate of pensions depends primarily on the means of the claimant. The maximum rate, in most countries, appears to have been set at roughly one-quarter of the wage of an unskilled labourer in industry (in Great Britain rather less, in New Zealand rather more). For the purpose of assessing the pension, the means, expressed as income of the claimant are upto a certain level disregarded, for example, upto an amount equal to the maximum pension itself, while

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4. See, Indian Journal of Labour Economics : University of Lucknow, Lucknow, Vol. VII : Nos. 3 & 4 : October 1964, January 1965, p. 240.

certain kinds of means, such as benefits from a friendly society or the annual value of a house owned and inhabited by the claimant may be disregarded altogether.

The pension is adjusted to the net means of the individual, i.e., his means after deduction of the sums exempted. Two methods of adjustment are illustrated in the Law. The first, which alone conforms to the notion of the pension as a right, consists in adding to the net means, expressed as income, a pension exactly sufficient to bring up the total income to the prescribed maximum pension. The second, which is followed universally in the American Laws, leaves the amount to be fixed to the discretion of the pension authority, subject to the rule that the total of the net means expressed as income and pension may not exceed the maximum pension.

The means of the claimant is taken into consideration while finalising the rate of pension. It is often accepted that assistance is granted as a matter of statutory help, so it is said that it should meet the needs of the claimant. But the needs of the different persons vary. The rate of pension must be such as to ensure a minimum standard of living. The means expressed as income by the claimant are disregarded upto a certain limit, for example the disregarded amount is often equal to the maximum pension itself, while other benefits which come from particular institutions (friendly society) or income from house owned and inhabited

by the claimant may be disregarded altogether<sup>5</sup>. But in our country the amount of assistance varies from the range of Rs. 15/- to Rs. 25/- p.m.

Now in the present context, I propose to discuss old age pension scheme introduced in the various States of India as a measure of social security. Although, there is uniformity in the rules and regulations of the pension of different States, rates of pension are also somehow the same. For the sake of convenience and as adequate examples, I propose to discuss in detail, the Old Age Assistance Scheme of Uttar Pradesh, Andhra Pradesh and of Kerala. This will give an idea of prevailing Old Age Assistance Scheme in our country.

(1). Old Age Assistance Scheme in U.P.\* :

The Old Age Assistance Scheme was introduced in the cities of U.P. on 1st December, 1957, with a view to provide financial assistance to the aged and destitute without ~~having~~ any means of subsistence and the first payments were made in the month of January 1958. The old age pension scheme of other States have been formulated on the lines of U.P. Scheme and hence there is no major difference <sup>between</sup> ~~in~~ them.

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5. See, Approaches to Social Security : An International Survey, I.L.O. Publication (Geneva), p. 10.

\* See, Author's Research Paper published in Studies in Humanities, University of Allahabad, Allahabad, Vol. X, p. 32.

In order to grant benefit some qualifying conditions of age, the existence of need, responsibility of the relatives, condition of domicile and residence and institutional care have been laid down.

(a). Age :

In the initial stage of the scheme the prescribed minimum age for being eligible for old age assistance was 70 years or above for men and 65 years or more for women. According to 1951 census the total number of persons who had reached the age of 70 years or above in U.P. was more than 1.4 million out of which .67 million were men and .77 million women. But in India it is observed that there is poor state of health which is due to under-nutrition and malnutrition, so the age requirement is very high. With a view to make an enquiry in this field, Old Age Advisory Committee met on 26-12-62 and recommended relaxation in age<sup>6</sup>. Hence, thereafter the age limit was reduced to 65 years in case of men and 60 years in case of women. Now we require to make an arrangement for more than 2.3 million people for old age assistance<sup>7</sup>. The number of persons aged 70 years and above in whole of the country was 7.87 million including 3.85<sup>million</sup> men and 4.02<sup>million</sup> women meaning there by 29% of the specified age group. But after the relaxation in the

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6. G.O. No. 67(P)(1)/XXXVI B, dated 12-2-1962.

7. Census of India, paper No. 3 of 1954 age table A. pp. 36-37.

age the total comes to 1.27 crores<sup>8</sup>, which means 1.71% of the specified persons. According to 1961 census the number of persons of 65 years or more constitutes about 3.2% of the total population in India<sup>9</sup>. It is expected that the percentage may increase to 3.66 by 1976<sup>10</sup>. In the case of U.P. it is observed that the percentage of people receiving old age assistance in prescribed age group in 1961 is about 0.4%<sup>11</sup>.

(b). The Concept of Need :

In most of the social assistance programmes the determination of the need is one of the biggest problems which the administration feels. Mostly the need is defined with reference to certain standards ~~which~~ is laid down in terms of actual requirement for necessary goods or in terms of money required to maintain a minimum standard of living. Thus, need differs from person to person. A particular thing may be essential and necessary for a man while it may be a luxury for another.

In the State of U.P. need has been defined as the lack of any source of income whatsoever, meaning thereby that the claimant of old age assistance should not have any source of income<sup>12</sup>. The claimants, who have qualified

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8. Ibid, age table - C, p. 144-46.

9. Census of India, 1961, paper No. 2 "Age Table" Govt. of India.

10. Third Five Year Plan : Govt. of India, Planning Commission 1961 : Appendix 'C' Table 2, Estimate of population growth for 1966, 71 & 76, p. 751.

11 & 12 - on next page.



the condition of eligibility will be paid an amount of Rs. 15/- per month for maintaining themselves. It has not been raised to Rs. 20/- per month w.e.f. April, 1964.

(c). Relatives and their responsibilities :

Social assistance programmes have come into the picture in most of the countries of the world. The first responsibility for maintaining an individual is that of his family's and relatives, and in the absence of any relatives the State has to come forward to shoulder this responsibility.

At the beginning of the Scheme in Uttar Pradesh the claimant could be eligible for old age assistance only if he has no relatives of 40 years and over of the following categories<sup>13</sup> - (i) Son, son's son, (ii) real brother, real brother's son, (iii) husband wife, husband's real brother and (iv) father's real brother's son.

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11. In the Census of 1961, the age requirement for receiving old age assistance under U.P. Old Age Assistance Scheme was 70 years or more in case of men and 65 years or more in case of women (by G.O. No. 67(P)(1)/XXVI-B, dated 12-2-61, the age limit was reduced to 65 years for all persons. In 1964, the No. of persons receiving assistance in 1961 (surviving at the end of the year were 694.); See Labour Bulletin, monthly Publication, Labour Deptt. Govt. of India, Vol. XXIII, Nos. 4-5, Annual No. April-May, 1963, p. 25. Thus, the % of (a) in the (i) is 0.4% approximately.

12. See "Old Age pension scheme", D.O. No. 176(P)/XXVI-B-1-(P)-1957, dated 5-10-1957, from the Mukhya Sachiv to Govt. U.P. to all Collectors, U.P., page No. 3.

13. Annual Review of Activities 1961, page 52. Department of Labour, U.P., Superintendent, Printing & Stationery, U.P.

Later, on the recommendation of the U.P. Old Age Advisory Committee real brother, real brother's son, husband's real brother and father's real brother's son were excluded from the list of the relatives of destitute person getting old age pension<sup>14</sup>. It further provides that even the presence of the relatives listed above will not debar a person from receiving a pension under the Scheme provided (i) the relations are above 70 years of age and have no source of income; (ii) they are totally incapacitated to earn a living such as blind persons, lepers, insane and completely infirm persons; or (iii) they are continuously "Lapata" (missing) for the last seven years or more. The Scheme further provides that a person will be eligible for assistance provided his wife has attained the age of 60 years or over, and if the spouse is more than 70 years of age then both are eligible for old age assistance. The step-son will not serve the purpose of 'son' for being eligible for assistance<sup>15</sup>.

(d). Condition for Domicile and Residence :

Most of the Schemes of the Social Assistance require Domicile and Residence condition to be fulfilled by the applicant. In U.P. only those persons are eligible for old age assistance "who domiciled and have resided in U.P. for more than a year on the date of application"<sup>16</sup>. The main object of this condition is to reject the applications of those who belong to other States because of the limited funds.

14. G.O. No. 204(P)/XXVI-(B)-14(P)/60, dated 6-4-1961.

15. See Rules relating to the Accounting procedure etc. under the U.P. Old Age Pension Scheme, Supdt. Prtg. & Stationery, U.P. 1960, pp. 22-24.

16. See foot note 8.

(e). Institutional Care :

Those persons who are getting help from certain charitable institutions are not eligible for old age assistance under the present schemes of U.P. The beggars and medics who are maintained free of cost at poor houses by the special institutions are excluded from the old age assistance.

(f). Moral Qualifying conditions :

Moral requirement in social assistance programmes has been a disputed matter. In most of the public assistance programmes the claimant is required to have led a respectable life without any criminal records.

Social assistance programme in U.P. says that "future good conduct is an implied condition of grant of pension". Here the payment of assistance is held if the pensioner is convicted of serious crime.

(g). Financial Structure of the Programme :

Mostly the public assistance programmes are financed on the basis of "Pay as you go through". There is another method of financing known as reserve financing, which does not suit social assistance scheme because the risk is not predictable. Moreover, if we adopt this method it will certainly disbalance our financial estimates. The continuous inflationary situation has weakened the case for reserve financing.

Dr. Burns is also of the same opinion. According to him "Thus it would hardly be possible to finance a programme based on public assistance on a reserve basis".

Old Age Pension Scheme in U.P. is financed on the same lines and the allocation of amount is made out of the general revenue of the State Government. During the first year of its implementation Rs. 10 Lakhs have been provided and Rs. 23 Lakhs have been provided for the year 1961-62.

At present, the U.P. Government is bearing the entire responsibility of old age assistance scheme. But in order to make proper development in this sphere it is very necessary that the Central Government should come forward and participate in the financing of social assistance programme by providing sufficient aid to State Government for this specific purpose.

(h). Administration of Old Age Pension in U.P. :

Labour Commissioner of U.P. is the sole in-charge of the implementation and execution of the scheme. He is the only authority who sends the amount of assistance through money orders. The administration of the scheme is carried on by the revenue. The procedure is that the Tahsildar is assisted in the work by the Lekhpals, Village Officers, and the Revenue Inspector is responsible for determining the eligibility of the applicants. The Tahsildar sends the application after verification to the District Magistrate who takes final decision. If he is satisfied with the eligibility of the applicants then he recommends the case to Labour Commissioner for payment of the pension.

(1). Progress of Old Age Pension Scheme in U.P.<sup>17</sup> :

During the month of February, 1967, 251 applications were received in the Office of the Labour Commissioner, U.P. Kanpur for grant of Old Age Pension. Three hundred and ninety-seven (397) applications were under consideration from the previous month. Thus in all 654 applications were under consideration of which pensions were sanctioned to 142 applicants during the month. Two applications were rejected while 31 applications were returned to the District Magistrate concerned for removal of objections. Thus 478 applications remained under consideration at the close of the month under report. The number of living persons getting Old Age Pensions at the end of the month was 15369 (Fifteen thousand, three hundred <sup>and</sup> sixty-nine).

(ii). Old Age Pension Schemes in Kerala :

The Social Security Pension Scheme in force in Kerala State comprises, Old Age Pension, Pension to Destitute Widows and grant-in-aid to physically disabled and handicapped destitutes. No separate scheme for pension for the old aged is in force in this State. The details of the scheme are given below :-

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17. See Labour Bulletin, May 1967  
(Vol. XXVII), No. 5.



This scheme shall apply to destitute applicants who have resided in Kerala State for a continuous period of not less than two years on the date of application.

Old Age Pension is payable to persons above 65 years of age without any source of income or having only a nominal income below Rs. 15/- p.m. and who have no relatives of above 20 years of age of the categories of son, son's son and husband/wife, provided that he/she will still be deemed to be a destitute if none of the above relatives has a monthly income above Rs. 15/-. Where both the wife and the husband are over 65 years of age, each of them shall be eligible for a pension if they have no other relative of the categories specified above, earning over Rs. 15/- per month.

Grant-in-aid to physically disabled and handicapped destitutes is payable to persons who are deaf and dumb or blind or orthopaedically defective and completely infirm or permanently incapacitated to earn a living without any source of income or have a nominal income below Rs. 15/- per month and who have no relative of and above 20 years of age of the following categories :-

- (1) Father
- (2) Mother
- (3) Husband/wife
- (4) Son.

Pension to destitute widows, is payable to a woman who has lost her husband through death, who has not remarried and is without any source of income or has only a nominal



income below Rs. 15/- p.m. and who has no relatives of and above 20 years of age of the following categories :-

- (i) Father
- (ii) Mother
- (iii) Son.

A woman shall be deemed to be a widow for purposes of these rules if her husband has been continuously missing for seven years or more and the Tahsildar is satisfied by enquiry that he is so missing.

No person shall be eligible for payment of pension if he/she resorts to habitual begging, or he/she is convicted of any offence involving moral turpitude, or he/she is admitted to a poor house run by or with the aid of Government or a local authority or he/she is convicted of any ~~a~~ serious crime ~~for~~ exceeding a period of two year punishment.

No person shall be eligible for the pension, if he/she is in receipt of any pension or grant-in-aid under any other welfare scheme, instituted by Central or State Government or by a local authority or by any organisation run with the aid of the Central or State Government or by a local authority.

The maximum and minimum amounts of pension shall be Rs. 15/- and Rs. 5/- p.m. respectively. If the destitute applying for pension has<sup>a</sup> nominal income such amount will be deducted from the maximum but in no case shall the amount be below Rs. 5/-. The pension shall be rounded to the nearest rupee ignoring amounts less than 50 paise and taking 50 paise

and above as one rupee. An additional amount of Rs. 5/- shall be granted, as pension if a widow destitute has one minor child or more. The age of a minor child of a destitute widow shall not exceed eighteen years for purposes of this rule.

Application shall be submitted in the form appended in duplicate to the Tahsildar of the Taluk where the applicant has been residing continuously for not less than one year on the date of application. Applications shall be submitted in March, April and May each year. The verification and sanction in respect of all applications received in a year shall be completed before 1st August of each year. Payment shall be made quarterly, viz., in the first weeks of June, September, December and March. In the case of insane persons or a person who is physically incapacitated to sign the application, the applications may be submitted by the guardians. In the case of illiterate persons, their thumb impressions shall be taken.

The Tahsildar shall be the sanctioning authority, where the Tahsildar feels that the operation of the rules relating to relatives will result in the denial of assistance in deserving individual cases, he may recommend such cases to the Collector who will be competent to relax the rules.

The amount of pension sanctioned will be remitted by the Tahsildar to the pensioner by Money Order without deducting the commission. But when the Money Order has been returned due to the fault of the pensioner (for example, due to

change of address of the pensioner which has not been communicated to the Tahsildar in time), the Money Order Commission in sending the pension a second time shall be deducted from the pension.

Where the pensioner happens to be insane or of unsound mind, a person of good character and antecedents shall be appointed as guardian by the Tahsildar after executing an agreement on stamp paper of proper value.

If a pensioner leaves Kerala State and lives in another State, the pension shall be discontinued from the quarter in which he leaves the State.

An appeal against the order of the Tahsildar shall be to the Revenue Divisional Officer within thirty days from the date of receipt of Tahsildar's order. Application or appeal under these rules are exempt from the payment of court fee.

Any pension granted under the rules shall be liable to cancellation or modification by the Tahsildar, Revenue Divisional Officer, or authority superior to these Officers. No such cancellation or modification shall be ordered without giving opportunity to the person affected, to show cause against such order. The person affected by such order shall not be liable for refund of any amount received by way of pension. The Officer who conducts defective enquiries which result in fraudulent payments to undeserving persons shall be held responsible and the loss sustained by Government on this account is liable to be recovered from him.

Pension shall cease to be payable from the quarter in which the pensioner dies or from the quarter in which the fact that the pensioner has ceased to be a destitute is known. Arrears of pension consequent on the death of a pensioner shall in all deserving cases be granted. The discretion in this regard shall vest with the Tahsildar. But such arrears shall in no case exceed the amount due for a quarter or till the date of death whichever is less.

Pension under this scheme shall not be liable to attachment under any process of law.

(iii). Old Age Pension Scheme in Andhra Pradesh :

The Old Age Pension Scheme was introduced in the State of Andhra Pradesh with effect from November 1, 1961 with a view to grant pensions to all the destitute persons having nothing for their subsistence.

For the sake of convenience for distributing the pension, the State has been divided into three parts viz. <sup>in</sup> -<sup>18</sup>

- (i) The twin cities of Hyderabad & Secunderabad.
- (ii) Cities having a population of one lakh & above.
- (iii) Small towns and villages having<sup>a</sup> population less than one lakh.

Destitute persons residing in the first category are entitled to a pension at the rate of Rs. 25/- per mensem provided other eligibility conditions are fulfilled.

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18. See, G.O. Ms. No. 425, dated Nov. 14, 1962. Pension : The Andhra Pradesh Old Age Pension Scheme : Introduction of - .

Destitute persons residing in those cities of the State which have a population of one lakh or more, are entitled to an Old Age Pension at the rate of Rs. 20/- per mensem, subject to other prescribed qualifying conditions.

All destitute persons residing anywhere other than these two parts of the State are entitled for Old Age Pension if they are otherwise eligible.

Qualifying Conditions :

All destitute persons who have reached the age of 70 years and more on the date of application shall be entitled to Old Age Pension under the existing scheme. Later on some modification was made in the age condition.

A person will be supposed to be destitute if the wife is 55 years of age or more and if she herself (though within 55 years of age), is not an earning member, nor having any income from her owned property etc.

The scheme further provides that if the spouse is more than 70 years of age then each of them would be eligible for old age assistance if they do not have other living relatives of the above mentioned categories of ~~the~~ relatives. If the old and destitute applicant is insane or of unsound mind, the pension will be given to the guardian nominated by the District Collector for such applicants. The "Step Son" will not serve the purpose of "Son" in the relative's list.

The scheme further clearly indicates that firstly ~~these persons~~ <sup>like</sup> beggars and mendicants who are getting any help



on a regular basis shall not be considered to be destitutes. But the persons who are not actually beggars by profession but receive occasional help from some people will be entitled for pension if they are otherwise eligible. Secondly, in those cases where the Collector is personally satisfied about the applicant's <sup>merit,</sup> ~~name~~ may relax any rule (except the age restriction) and grant the Old Age Pension. In such cases he has to record in writing the special reasons therefore<sup>19</sup>.

The Old Age Pension Scheme requires that the applicants must fulfill the prescribed domicile and residential conditions. In the State of Andhra Pradesh only those persons are eligible for Old Age Pension who are domiciled and have resided in the State for a continuous period of three years on the date of application<sup>20</sup>.

Now it includes all the Low paid pensioners of 60 years of age and over shall also be eligible for Old Age Pension if they fulfill other prescribed conditions for Old Age Pensions, and

- (1) if they are otherwise destitutes as per rules and if their names have been recommended by the District Collector to the Government, and
- (2) if the service pension and temporary increase in pension, if any, payable to the pensioner shall be kept in abeyance.

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19. See, Appendix of Note (11) of Rule No. 2 of Annexure-1 (Orders issued).

20. See, Annexure-1, Page 3 of G.O. No. 425, dated Nov. 14, 1961 of the Old Age Pension Scheme of Andhra Pradesh.



A "destitute" person is one having nothing as a source of income and who has no relative of 20 years and over of the following categories<sup>21</sup> :-

- (i) Son
- (ii) Son's son
- (iii) Real brother
- (iv) Husband/Wife.

Provided that (1) a person would be supposed to be a destitute person if all the relatives mentioned above are -

- (a) over the age of 70 years without any source of income; or
- (b) totally incapacitated to earn a living, such as the blind, lepers, insane and completely infirm persons;
- (c) continuously Lapata (missing) for a period of seven years or more and the District Collector has been satisfied himself by such enquiry as he deems necessary that the relatives are so missing; and

The last condition for claiming the Old Age Pension is 'Moral Qualifying Condition' • The Old Age Pension Scheme of Andhra Pradesh also requires, <sup>as in</sup> ~~like~~ other States, the moral condition to be fulfilled by the applicant in order to get the pension. It is mentioned in the scheme that "future good conduct" is an implied condition of the grant of a pension". Here the District Collector has <sup>the</sup> right to stop the pension if the pensioner is convicted of serious crimes involving moral

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21. See, Rule No. 1 of the Annexure 1 of the Scheme.

depravity. The District Collector immediately after stopping the pension has to inform the Administrative Department concerned about the details of the case<sup>22</sup>.

Procedure to apply for the Pension :

Desirous persons who want to be considered for Old Age Pension are required to submit applications on Form O.A.P. - 1 in duplicate to the Tahsildar of the Taluk in which they reside. The application form can be obtained from the Taluk and village offices. If the application form is not available, the applicants are required to submit the following information on / thick plain paper in duplicate. (The proforma of the application form is given in the Appendix -1)

Administrative Procedure of the Scheme :

As soon as the Tahsildar receives the applications from the destitutes of his respective Taluk he verifies the age, domicile, residence and the economic conditions by conducting enquiries personally or through the village officers or Revenue Inspectors. After verifying the genuineness of the applicant he sends all the applications to the District Collector for final recommendations of the pension within a month<sup>23</sup>.

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22. See Rule 20 of the Annexure - I of the Scheme.

23. See Rule 9 of the Annexure - I of the Scheme.

The District Collector after examining all the applications recommends the names of only those applicants who have fulfilled the prescribed conditions of the Old Age Pension, to the Administrative Department concerned and rejected applicants are informed accordingly through the Tahsildar concerned<sup>24</sup>.

The District Collector is the only sanctioning authority. He passes orders in each case. If the pension has been sanctioned he will communicate the same to the District Treasury Officer and the applicant concerned<sup>25</sup>. The District Collector, the District Treasury Officer and the Tahsildar maintain up-to-date records of those persons who <sup>been</sup> have sanctioned the pension under the scheme in Form OAP-V.

The District Treasury Officer sends the amount of the pension to the pensioners by Money Order every month without deducting the Money Order Commission.

If any pensioner dies, the information of such case will be given to the District Collector, the District Treasury Officer and the Tahsildar by the Village Officers in the printed Post Cards in Form OAP-VI which is supplied by the District Collector.

At the closing of the financial year and in the month of October, the Tahsildar makes further verification about the pensioners and of their economic conditions and sends his

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24. See Rule 10 of the Annexure - I of the Scheme.

25. See Appendix of Rule No. 13 of Annexure - I of the Old Age Pension Scheme of Andhra Pradesh.

report to the District Collector and District Treasury Officer by the 15th May and 15th November every year.

(B). Mothers' Pensions :

A small number of countries which have established non-contributory pension for the aged have adopted the same method in order to maintain families of young children <sup>with</sup> which have no father to support them. The essential object of these schemes is to enable the mother (or foster - mother) to care properly for children at home without having to go out to work. It might have been expected that the supreme interest of society in the welfare of its children would have promoted it to get priority over the assistance to the aged but infact, except in the United States and Canada, this has nowhere been the case.

The term "Mothers' Pension" originated in the United States, but in that country, the description "aid to dependent children" has now been substituted; and these benefits are called in Canada "Mothers' Allowance", in South Wales "Widow Pensions", and in Newzealand "Widows' Orphans' Benefit". These differences in titles have some substantial significance since in the United States assistance may be granted to any child who has lost the support of either parent and in Canada payments are made only to mothers or foster - mothers with dependent children, while in South Wales and Newzealand a child-less widow, if she has attained the age of 50, is also entitled to a pension.

The majority of the laws grant the mother a pension, not only where she is a widow, but also where her husband is alive but not supporting his family because of invalidity or because he has deserted it and his obligation to maintain can not be enforced. If the husband is an invalid, however, it often laid down that he must not be living at home but in the care of a hospital or asylum (place of refuge and protection). If the child is an orphan, the pension is paid to the foster - mother. Thus, mothers' pension meets part of the social problem arising from the invalidity of the bread winner. The American laws, which have been generally improved by federal subsidies and supervision introduced by the Social Security Act, allow the pension to be paid to any one relative, who has lost one of its parents, so that even the father might receive it, but in practice only about 3% of the children are aided on living with their father and about 6% with relatives other than parents.

#### Qualifying Conditions :

For mothers' Pension, the claimant must fulfil political, moral and economic conditions. The period of residence by the mother in the territory concerned before claiming the pension, varies from one to three years. The moral conditions are naturally strict; it is essential that the mother or foster-mother should be fit to have the care of her children, the economic conditions resemble in character those laid down



for non - contributory old age pension of the country in question. Where it bears the whole cost the essential administration is centrally directed and uniformly conducted throughout the national territory, the local authority retaining at most some advisory function. Administration by Central Government through its own officers short circuit the local bodies which would otherwise have intervened and which in many instances would be those responsible for poor relief; the separation of the administration of non-contributory pension from that of poor relief is not the least important of the complex of features which are designed to dissociate the two services in the mind of the public. Whether it is investigated by local officers of the Central Government or by an organ of the local Government, the great majority of Laws (including all those of the United States) provide for a right to appeal to a higher authority in case the claim is rejected.

The pattern of administration and financing conform generally to that adopted for non-contributory old age pensions and the same tendency is evident in transferring responsibility from the local to the Central Government when it is placed in the hands of another competent authority for child welfare. In Canada and the United States the pensioned family usually remains under the supervision of the Welfare Board. This



involves some restriction on the freedom of the mother but it also implies a general responsibility for the authority to see that the needs of the family, are in fact met by the pension. Many mothers' pensions laws prescribe that the family shall be supplied gratuitously with medical and dental care. All the American Laws, in conformity with the Social Security Act, and some other allow a claimant the right to appeal in case of refusal of a pension.

#### Rate of Assistance :

The pension varies according to the means of the family and number of dependent children. A child is deemed to be dependent under most of laws until he reaches the age of 16. In New South Wales and Newzealand especially, the possession of the means upto a certain level is compatible with the payment of the full pension. Provision is made for the mother in the pension awarded in respect of the first child, which is, as a rule, much larger than the addition in respect of each other child.

#### (C). Schemes of Maintenance of Children :

Every one realises that the nation's future greatness and well-being mainly depends on the healthy upbringing of its children. The State should, therefore, feel its importance and take interest by giving cooperation to the parents of children through general measures of assistance designed to secure the well-being of the dependant children.

Such measures of assistance have taken two forms, viz., (i) Services in kind, and (ii) Allowance in cash. The provision of free education, medical care for children, free nutritional services including free school meals and child welfare services are the best examples of State services in kind. The second type of children's allowance is granted in some of the developed economies. Both forms of assistance are desirable in a coordinated unified scheme of social security in any country. Where the object is to maintain large families, subsidies should take the form of children's allowances as in Great Britain under the Beveridge scheme.

The first form of assistance is more effective than the second for the simple reason that children's allowances may be used in meeting the general house - hold expenditure without taking proper care of the child. It may even stimulate the birth rate in the less responsible sections of the community. In our country it has a great significance. The child, being always dependant, has to be provided for by its parents and the family, the community and the State. Considering the size of the population involved and the nature and complexity of the problem, the total responsibility of welfare has to be borne cumulatively by the family, the regional community, and the State at three different levels. However, certain aspects of the problems of health, growth and care of the child need the attention of social welfare agencies and the same has been discussed in the welfare programme.

The children's allowance are usually payable according to a prescribed scale, irrespective of the parent's income. It is granted to all children for whom a provision is made through social insurance. It is based on the recognition of the fact that the community as a whole should bear the responsibility for the maintenance of dependent children in so far as parental responsibility for maintaining them can not be enforced.

Social Assistance for maintenance of children has taken different forms in different countries. In Australia, France and Newzealand, childrens' allowances are coordinated with social security benefits in case of invalidity, sickness, death, unemployment and compensation for employment injuries. In Denmark and Sweden greater stress has been laid on services in kind, whereas in Great Britain greater stress has been laid on childrens' allowances, presumably due to falling birth rate. It is only in France that the childrens' allowances are so high as to be quite adequate for the full maintenance of the children. In our country the assistance in kind is seen as there is provision of free schooling facilities upto a certain standard. Similarly medical care for children is also there. For this <sup>the</sup> Ministry of Health has established, Childrens hospital in each District specially in the urban areas which provide preventive and curative measures for chronic and fatal child diseases. Free nutrition facilities are also there in most of the public and

mission hospitals. Some of the projects which have been implemented are discussed below. These schemes are directly controlled by the Central Social Welfare Board.

(1). Family and Child Welfare Projects :

For the welfare of women and children in <sup>the</sup> context of family as a whole, the programme of setting up family and child welfare projects was inaugurated on Children's Day, November 14, 1967. It is the largest single national programme directed towards welfare of women and children specially in rural areas. The projects are financed wholly by the Government of India but the Central Social Welfare Board has been entrusted with the responsibility of implementing them.

Each project consists of one main Centre and five Sub-Centres. The main Centre consists of 'Grah Kalyan Kendra' and 'Balvikas Kendra' catering to the needs of women and pre-school children. The 'Grah Kalyan Kendra' offers education in personal hygiene, health, and sanitation, home-craft, etc. Each project has a budget of Rs. 70,000/- for recurring expenses and Rs. 55,000/- for non-recurring expenses in five years. By March, 1971, a total of 221 projects were brought into existence by converting the Co-Ordinated Extension Projects maintained by the Central Social Welfare Board. A sum of Rs. 140 Lakhs was made available to the Central Social Welfare Board during 1970-71 for the maintenance of the projects. The Board also maintains six family and child Welfare Training Centres. During the year, 200 field workers were given orientation training in Family and Child Welfare.

Central Social Welfare Board is also organising training centres for imparting training to the workers required for the Family and Child Welfare Projects and other programmes of the Board. An amount of Rs. 9.31 Lakhs has been released for this purpose during 1970-71 and more than 2000 workers have been trained.

(ii). Special Child Welfare Schemes :

A sum of Rs. 7.89 Lakhs has been released during 1970-71 for Special Child Welfare Programmes. They include 13 integrated Pre-school Projects in urban neighbourhoods which seek to provide basic amenities necessary for the growth and development of children in slum areas and areas predominantly populated by the low income groups; three Foster Care Homes, two at Bombay and one at Madras; and 17 integrated Child Welfare Demonstration Projects of which 14 have been converted into Family and Child Welfare Projects.

(iii). Nutrition Programmes for Children :

Nutritional deficiency is a widespread problem among the children in this country. To counter this situation as much as possible, the Government of India have introduced a scheme of nutrition feeding for children of 3 to 5 years to be implemented through Balwadis and Day Care Centres. There are about 5,000 Balwadis in the country maintained by voluntary and governmental agencies. It is estimated that about 3,00,000 Balvadi children would ultimately receive benefit



daily from this programme. Rupees 500 Lakhs have been provided for the scheme during the Fourth Five Year Plan period.

A special programme styled as "Special Nutrition Programme" has been launched <sup>since</sup> from the financial year 1970-71, to supply children in the age group 0-3 years, nutritional food to supplement the diet that they would get in their homes. The programme will be financed by the budget provision of Rs. 4.00 crores as a non-plan item for the year 1970-71.

The "Special Nutrition Programme" is being operated in the Urban Slum Areas and Tribal Areas. Feeding Centres in the Urban Slum Areas are to cater to 200 children each and those in Tribal Areas to cater to 100 children each. The responsibility to implement this programme has been entrusted to the State Government/Union Territory Administrations with cent-percent Central assistance.

The Programme has made much progress since it was started. A total of 1,038 Centres in the Urban Slum Areas and 2,761 Centres in the Tribal Areas are catering to the needs of 2,40,129 and 1,41,915 children respectively.

(B). Unemployment Assistance Scheme :

It was only after 1929 <sup>that</sup> schemes relating to the relief of unemployed were established in many countries with a view to enable the beneficiary to maintain himself and his dependents during the times of unemployment. The scheme

consisted mainly of the provision of work relief and other in the payment of allowances. Some are temporary in nature to meet a particular crisis and some of them are permanent in character generally an integral part of a comprehensive, coordinated scheme of social security. In other words it can be said that relief has been given in the form of providing employment at normal wages in public works. The general opinion of the assistance granted in most of the schemes is that, it is, discretionary and precarious. The right to work or reasonable maintenance is rarely recognised, but it is not so because the important features of all unemployment assistance schemes is that they are administered separately from poor relief. As such benefits under social assistance can be claimed as a matter of rights. They are neither discretionary or derogatory to one's self respect and dignity. Mr. M.M. Mehta has also the <sup>same</sup> opinion.

The main function of unemployment assistance is to provide relief in cash and in kind to the beneficiary and his dependent as already mentioned and hence the amount of assistance is always adjusted to the size and composition of the family.

The unemployment schemes of different countries vary considerably in the nature and extent of benefits. In the United States unemployment relief is provided mainly in the form of unemployment at normal wage <sup>in</sup> public works. In Canada and Sweden it is provided mainly in the forms of

relief work, with cash assistance as a subsidiary alternative, which in Great Britain, France, Switzerland, Belgium and Ireland assistance is given in cash under conditions similar to those required for unemployment insurance<sup>26</sup>. Unemployment assistance is given by providing employment opportunities in the special public works, relief work or in test work. Actually, these relief projects are started by the State Government and the main object of such work is to keep able-bodied persons active at the time of their unemployment so that they may not become lazy. Though, the rate of wages is very nominal but with the help of that a minimum subsistence can be assured provided the person would like to work. In fact, the unemployment assistance is not granted to the voluntary unemployed persons because here in such public projects they may not like to work. The best example of unemployment assistance may be the provision of test work in the rural area when there was drought in different parts of the country and the Government wanted to help the poor and unemployed persons seeking employment for their subsistence.

#### Qualifying Conditions :

All the schemes of unemployment assistance require that the claimant should be necessitous, capable of work, registered at an employment Office and willing to accept employment defined as suitable. It is in most of the

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26. See Economics of Social Security, Mehta, M.K., 1951, p. 192.

schemes, laid down that the beneficiary should, if so directed, follow a course of training or perform relief work, if offered. The interpretation of the term "necessitous" and "suitable" is however, left to the discretion of the administrative machinery. The national laws generally specify that the means of the house-hold to which the claimant belongs should be taken into account in fixing the rate of assistance payment. The need of the claimant, in some cases, is assessed on the basis of the resources of himself and his dependents, excluding the means of other members of house-hold. In other cases ~~the~~ account is taken of the means of claimants only.

The financial and the administrative structure of unemployment assistance scheme is centralised and the entire cost is met from the national taxation. ~~the~~ In some other countries, the Government grant subsidies to voluntary insurance funds or to local unemployment funds. The amount and qualifying condition for such benefits are, however, prescribed by the Central Government.

#### Suggestions for the solution of the problem :

From studies which have been undertaken, there is reason to believe that there are several ways in which it might be possible to secure larger gains in employment from the development programmes which are undertaken than has been the experience in recent years. It is common to analyse the problem of unemployment in terms of the country as a whole or in relation to large territories such as States.

Sufficient attention has not been given to the possibilities of making a larger impact on the employment problem at the district and block levels. Every district has development programmes relating to agriculture, irrigation, power, village and small industries, communications and social services. These programmes are intended to raise the level of economic activity of the district and to increase production generally. Besides the direct employment they provide, many of the programmes are intended to stimulate individual farmers, artisans and small entrepreneurs and cooperatives to extend their activities and, in the process, provide additional employment. If full advantage is taken of these programmes and they are carefully adapted to the local needs, it should be possible to realise greater employment benefits at the district and local level. The unemployment problem in each State should, therefore, be broken down by districts, and at each level--village, block or district -- as much of it as possible should be tackled. Such an analysis of local employment problems would enable the authorities to focus attention on and to raise resources for dealing with specific employment aspects, e.g., unemployed artisans and agricultural labourers, educated unemployed etc. Since the problem in different areas is necessarily different, the employment approach at the area level will have to be worked out with a certain measure of flexibility to suit local conditions and resources.



The severity of employment problems makes it necessary to re-examine the scope that exists in individual construction projects for the increasing utilisation of manual labour. In the usual course, machinery is utilised in construction in case where mechanisation would lead to considerable economies in terms of reducing costs and in shortening the construction period. It is necessary to emphasise on all project authorities that where mechanisation does not lead to significant economies, preference must be given to labour -- intensive methods of construction. These considerations should be kept firmly in mind while preparing project reports and, wherever machinery is chosen in preference to men, convincing reasons should be given for such a choice. In fact, it is recommended that a standing committee of senior officers should be appointed to examine all such decisions from the employment angle.

In areas with heavy pressure of population, where even <sup>with</sup> a large programme of development, such as must be undertaken still leaves a residue of unemployed, substantial numbers of persons should be imparted suitable skills and given opportunities of work in areas where these skills are not locally available in sufficient measures. It is proposed to undertake a few pilot schemes on these lines with a view to evolving the necessary techniques and organisation.

Although much has been done in recent years to promote village and small industries, a larger employment

potential in this field still remains to be secured. In village and small industries, it is not enough to relate employment benefits to the new developments which are proposed to be undertaken. Much of the greater part of the increase in employment has to be secured by realising the full potential of the existing small enterprises. For small-scale units of the modern variety, frequently the limiting factor is not the demand for the products as their ability to produce the quantities needed. This is specially true of industries requiring raw materials such as iron and steel, non-ferrous metals, yarn, chemicals including dyes, and others. In some cases, the lack of processing and other facilities may be a handicap. Almost everywhere, artisans and small entrepreneurs are not able to secure the credit facilities needed and do not have dependable facilities for the marketing of goods. Special efforts should, therefore, be made to enable small units (whether run by co-operatives of artisans or by individual entrepreneurs) to attain their maximum production potential.

Rural industrialisation and rural electrification are, in fact, connected programmes and are of the greatest importance for the expansion of stable employment opportunities in rural areas. It is necessary to develop centres or nuclei of industrial development in each area and link these with one another through improved transport and other facilities. These centres might be in small towns or in centrally situated villages which are able to attract

skills and enterprise and to which power and other facilities could be more readily provided. The Third Plan provides for a large programme of rural electrification. For rural electrification to make the necessary contribution to the growth of production and employment, there is need in each district for forward planning, both in the supply of power and for its utilisation. It is essential that the programme for agricultural and industrial development should be coordinated with the supply of power. Greater concentration of activity at selected points would bring about improvements in the load factor.

#### Utilisation of Rural Manpower :

The proposal to undertake a comprehensive programme of rural works during the Third Plan, to which a reference has been made earlier, is significant not merely for creating the additional employment opportunities which are required, but even more as an important means for harnessing the large manpower resources available in rural areas for the rapid economic development of the country. During the Third Plan, agricultural production has to increase twice as fast as it did over the past decade. This calls for intensive and concentrated effort involving the participation of millions of families in programmes of agricultural development. For many years the greatest scope for utilising manpower resources in rural areas will lie in programmes of agricultural development, road development

projects, village housing and provision of rural amenities. A lasting solution of the problem of under-employment will require not only the universal adoption of scientific agriculture but also the diversification and strengthening of the rural economic structure. Programmes for developing village and small industries, linking up the economy of villages with the growing urban centres, setting up processing industries on a co-operative basis, and carrying new industries into rural areas form part of the Third Plan and have to be further intensified. These programmes will be aided by the spread of rural electrification. While the rural economy is being thus built up, there is need for comprehensive works programmes in all rural areas, and more especially in those in which there is heavy pressure of population on land and considerable unemployment and under-employment.

Works programme envisaged for rural areas comprises five categories of works :

- I. Work projects included in the plans of States and local bodies which involve the use of unskilled and semi-skilled labour;
- II. Works undertaken by the community or by the beneficiaries in accordance with the obligations laid down by law;

- III. Development works towards which local people contribute labour while some measure of assistance is given by Government;
- IV. Schemes to enable village communities to build up remunerative assets; and
- V. Supplementary works programmes to be organised in areas in which there is high incidence of unemployment.

Schemes under categories II, III and IV mentioned above are intended to be undertaken as a vital feature in the normal plans of development in rural areas. They are intended to ensure fuller utilisation of the manpower and will also provide some, though necessarily limited, wage-employment. Wage-employment on a large scale has to be found in the main through works falling within categories I and V. Works in these two categories are in fact identical in nature, the main consideration being that category V will include supplementary schemes over and above those in category I. Thus, for the additional programme of rural works envisaged in the Third Plan, two main groups of schemes involving considerable use of unskilled and semi-skilled labour will have to be undertaken, namely (a) local works at the block and village level and (b) larger works requiring technical supervision and planning by departments.



For local works as well as for the larger schemes it is essential that there should be clearly worked out programmes in each development block. The block plan will include all the works to be undertaken by different agencies through the block organisation such as programmes included in the schematic budget under the community development scheme, and those falling within the general plans of the States under agriculture, animal husbandry and co-operation, programmes for large and medium irrigation projects, road development etc. In turn, the block plan must be split into village plans and, in this form it should be made widely known in the area. For projects like irrigation, soil conservation, road development etc. to provide the maximum employment to the people in each area, it is necessary that they should be carried out in close co-operation with the local block organisation. Since unemployment and under-employment are specially acute during the slack agricultural seasons, to the extent possible, works programmes should be planned for execution during these periods. In all cases of works to be undertaken in villages, wages should be paid at the village rates.

Brief review of the schemes implemented :

Following broadly the lines mentioned above a scheme of pilot projects for works programmes for utilising rural manpower has been recently introduced, and 34 pilot projects have been so far taken in hand. The scheme of pilot projects provides for certain supplementary works programmes to be undertaken in addition to agriculture,

irrigation, road development and other programmes included in the State plans and the community development programmes. As a rough measure, a provision of Rs. 2 lakhs was suggested for each project for the period ending March, 1962. The pilot projects which have been begun include schemes for irrigation, afforestation, soil conservation, drainage, land reclamation and improvement of communications. The object of this series of pilot projects is to furnish experience in organising works programmes which will make some impact on the problem of unemployment and under - employment.

On the basis of the initial experience gained in the pilot projects, it is hoped to extend the programme on a mass scale to other areas, specially to those with heavy pressure of population and chronic under - employment. Tentatively, it is envisaged that employment through the work programmes should be found for about 100,000 persons in the first year, about 4,00,000 to 5,00,000 persons in the second year, about a million in the third year, rising to about 2.5 million in the last year of the Plan. Limited financial provision for the early phases of the programme has been made in the Third Plan. It is reckoned that the programme as a whole might entail a total outlay of the order of Rs. 150 crores over the Plan period. As the programme develops, it might be possible to consider ways of paying wages in part in the form of food grains. It is proposed that the necessary construction organisations

and the labour cooperatives needed, should be built up, specially at the block level. These organisations can carry stocks of tools, obtain contracts, secure the necessary technical and administrative assistance, organise cadres of trained and skilled workers, and work in close co-operation with district authorities, panchayat samitis and others. Voluntary organisations should also be able to provide local leadership and undertake educational and cultural work. To carry out the rural works programmes on the scale suggested above, adequate organisations are to be built up mainly in the States and also, to the extent necessary at the Centre.

#### Educated un-employed :

The rapid pace of industrialisation during the last ten years has been accompanied by significant changes in the occupational structure of industrial employment. Industry now recruits persons who would formerly have been absorbed in 'white-collar' employment. Newer industries like iron and steel, chemicals, petroleum refining, general and electrical engineering, rubber tyres, aluminium, etc., are being developed relatively faster than older industries such as cotton textiles, jute and tea. The older industries, in turn, with an eye on meeting competition in the international market, have introduced schemes of rationalisation. Expansion programmes in industries, such as iron and steel, chemicals, etc., involve the application of the latest and most efficient production techniques and, consequently,

require a more technically qualified group of operatives. Increasing mechanisation in coal mining also requires personnel of a higher calibre than the older type of recruits in that industry. These developments may be expected to lead to larger employment opportunities for the educated. In judging the future prospects for the educated, this changing nature of the industrial scene has to be constantly kept in mind, and also the fact that attitudes to manual work are also undergoing marked change. The educational system will have to be geared to meet the rapidly changing pattern of personnel requirements. Manpower studies have been undertaken in a number of selected fields and arrangements have been made to suitably expand the existing facilities for technical education and to open new institutions, where necessary. It is expected that adequate facilities for practical in-plant training will be available in the wake of the apprenticeship legislation, now under consideration. Programmes of vocational guidance have been developed during the last 5 years, as part of the National Employment Service.

With the expansion of education at the secondary level, greater attention should be given to the absorption of educated persons into gainful employment. The problem of the educated unemployed may be considered in two parts the backlog and the new entrants. The precise magnitude of the backlog is difficult to ascertain, but on the assumption that a constant proportion of the educated



unemployed would have registered at employment exchanges, their total number might be estimated at nearly a million. The number of new entrants who have studied upto the school leaving standard or above, is estimated at about 3 million. Expansion in agriculture, industry and transport will provide a large and increasing demand for persons with skill and vocational or technical training. Reorganisation of the system of education and provision of facilities for technical and vocational education are, therefore, of paramount importance. In recent years, there has been a change in the attitude towards manual work on the part of educated persons, and programmes for orienting them to the requirements of the developing economy can be taken up on a larger scale than was hitherto feasible. A beginning in this direction was made during the Second Plan through the setting up of a number of orientation and training centres, and it is proposed to undertake a more broad - based programme during the Third Plan.

A significant proportion of educated persons registered as unemployed have had education ranging from the middle courses in schools to the first or second year at college. Young men belonging to this group cannot find adequate openings in urban areas unless they obtain technical training of some kind or other, and at best they can be absorbed to a limited extent and in relatively low paid occupations. In the immediate future, it is in rural areas and through rural programmes that large employment opportunities for



the educated unemployed are likely to become available. The rural works programme will itself make a large demand for persons with education and it is proposed that as a preparatory step, numbers of educated persons should be selected and put through short periods of training for specific jobs or work. The scope for regular and continuous employment within the rural economy will greatly increase with the development of co-operatives for credit, marketing and farming, growth of processing industries, development of scientific agriculture and the establishment of democratic institutions at the district, block and village levels. It should also be possible to assist fairly large numbers of young persons with education to set up small industries at rural centres at which power can be made available. As far as possible, these industries should be organised on a co-operative basis, so that the necessary financial and technical guidance can be provided and the marketing of products organised. As the rural economy develops and the co-operative sector in it becomes larger, there will be increasing opportunity for employment at levels of income which are comparable in real terms with those available in the towns. Development along these lines has the additional advantage that rural areas will retain the services and the leadership of their own educated youth to a far greater extent than is now possible.

A brief reference may be made here to the need for re-deployment of skilled personnel from projects which have been completed or are nearing completion to those on which construction is to commence. It has been observed that irrigation and power projects as well as industrial projects have been obliged at times to retrench experienced labour when the construction programmes were not sufficiently dovetailed to take over labour from one project to another. During the Second Plan, the necessary machinery for this purpose has been created and has functioned satisfactorily. If work on similar projects is better phased and advanced planning is undertaken, the size of the problem to be dealt with would be more manageable.

#### Crash Scheme for Rural Employment :

The scheme <sup>was</sup> launched by the Government of India in April 1971 with a view to provide employment for a section of <sup>the</sup> unemployed and under - employed.

Under the scheme each project is expected to provide employment for about 1000 persons, on an average, continuously over a working session of 10 months in a year, in every district of the country. A project will employ, as far as possible, persons belonging to families having no adult member employed. An exception may be made in the case of a person who is not likely to get employment anywhere else. The wage rate for agricultural labourers in the relevant district, and will not exceed Rs. 100.00 per month.

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\* See India : A Reference Annual, 1971-72, p. 473.

The projects that will be undertaken would be generally labour intensive. It can be

- (a) road building;
- (b) reclamation and development of land;
- (c) drainage and embankments;
- (d) water conservation and ground water recharging;
- (e) minor irrigation;
- (f) soil conservation;
- (g) afforestation; and
- (h) special repairs.

The responsibility for the maintenance of the works or assets that will emerge after the completion of each project, will be that of the concerned State Government/ Union Territory. Suitable machinery has been devised by the Government of India to ensure that the projects are scrutinised expeditiously and sanctions are issued without delay. State/Union Territories have also been asked to make similar arrangements for ensuring that the projects are executed efficiently.

#### Committee of Experts on Unemployment :

To create more employment opportunities in the country, the Union Government on December 19, 1970, set up a 10 Member Committee of Experts on Employment under Sri B. Bhagwati to assess the extent of unemployment and under-employment in all its aspects and to suggest remedial measures. The Committee has been asked to give its report within a year.

(E). Rehabilitation of the Disabled and Crippled :

The word rehabilitation was used first of all in Europe during the course of the two World Wars. But in our country it has been identified only after the partition, with the refugee problem. The dictionary meaning of the word "rehabilitation" is "the act of restoring forfeited rights and privileges". The forfeited rights and privileges of such persons can only be restored if we bring them to such a position where they are economically productive and have regained their self respect.

Until 1947, there was absence of agencies for organising medical relief - education or rehabilitation, either on specialised basis or on a mass scale. General medical facilities were not available, or were not very useful for chronic cases needing long term treatment. And as such these persons were left to their own fate. Even for crippled persons 'Cripple Homes' were never organised for the beggar population of India.

In India, the subject of Orthopaedics prior to 1914 was in a nebulous position. It gained popularity after the Second World War. The late Dr. M.G. Kini was the father of Orthopaedics and rehabilitation in India. It was only in the wake of World War II that rehabilitation came to India when the army, with the mass crippling of the war on its hands, had to think in terms of rehabilitation and well organised department of rehabilitation. English

physio - therapists came here just to meet the emergency and gave training to ~~many~~ <sup>dis</sup>orderlies. Occupational therapy departments were also organised and for the purpose of limb making a centre was established at Poona under the supervision of Southampton trained experts. But two years after the war, the army wound up its war time hospitals and disbanded the team of experts. It was only after 1947 that it gained much popularity when the Society for the Rehabilitation of Crippled Children was organised (S.R.C.C.) by a small batch of volunteers consisting of inexperienced and ordinary medical men. Gradually the number of rehabilitation clinics for the treatment of sufferers increased. The small clinic within no time had made a tremendous progress in the finest locality in Bombay and proved conclusively to both the public and the Government the need for organised treatment for the handicapped and disabled persons.

The unit of S.R.C.C. succeeded in awakening public consciousness on a national scale arousing public enthusiasm and enlisting official support both at the Central and State levels. Some of the International Organisations appreciated its work and encouraged it by giving help and support. Now the situation has changed somewhat and the major general hospitals of the country have opened physiotherapy departments. For advanced research a school of physiotherapy has been organised at the K.E.M. Hospital in Bombay under the World Health Organisation. Under the Colombo Plan an Orthopaedic Team, consisting of experts



visited Irwin Hospital in New Delhi in 1952 and stayed there for two years.

In many countries rehabilitation assistance is granted by the Central and Local Governments to the crippled to maintain their minimum standard of living and by making them to stand on their own legs. Social assistance for the rehabilitation of the disabled is the provision made by the Government for providing proper education, training or shelter to physically defective children or adults having no means. Such type of help is being given especially to the blind, deaf, seriously crippled, the allergic, the cardiac etc. The assistance is given in the shape of vocational training and facilities for making use of their potential capacity by providing them suitable work. Assistance is also given in the form of cash and medical benefit.

#### (1). The problem of the Blind :

Generally speaking by the term 'the blind' we mean those persons whose vision is of no practical value to them, for the purpose of education or in the general manner and business of living. Blindness has been defined in different manners in different countries. For example, the United Kingdom has two definitions, one for adult and the other for children. An "Adult blind person is one who is unable to perform any work for which eye-sight is essential, whereas the blind children are those who have no sight or whose sight is or likely to become so defective that they require proper education by methods not including the use of sight".

The official Report on Blindness in India, submitted in 1944 by the Joint Committee of the Central Advisory Board of Education and Health, recommended that - "A blind person is one who can not count the figures of a out-stretched hand held at a yard's distance". They pointed out that this is only an interim definition which will be if necessary changed by a wider definition when legislation is enacted for the benefit of the blind.

The Central Advisory Board of Health and Central Advisory Board of Education appointed a joint Committee in 1944 which reported the number of blind per 1,00,000 of population as 229 in 1881; 167 in 1891; 121 in 1901; 142 in 1911; 142 in 1921; and 172 in 1931.

TABLE - I.

Ratio of the Blind per one lakh of the population in different countries.

Country		Ratio
India	...	500
Malaya	...	250
Pakistan	...	200
Phillipines	...	416
United Kingdom	...	175
United States of America	...	175

27. History & Philosophy of Social Work in India by Wadia, A.B., 1961, page 330.

The Table clearly indicates that in our country the ratio of the blind per one lakh of the population is about 500 which is the highest in comparision ~~with~~ other countries of the world. In a Sample Survey conducted by the Union Ministry of Education for enumerating the handicapped in greater Bombay in 1965 it was revealed that the percentage of the blind is increasing which calls the assistance body to look into the matter by providing assistance to the afflicted persons. According to the report <sup>the</sup> following are the chief causes of blindness -

- (i) Inflammatory diseases of the conjunctive and cornea due to among other causes. The effects of irritants applied in ignorance to the eye;
- (ii) Cataract and glaucoma;
- (iii) Malnutrition;
- (iv) Venereal diseases;
- (v) Small - pox;
- (vi) Pernicious activities of couchers & quacks;
- (vii) The ill effect of bad lighting and badly printed books.

It is difficult to estimate to what extent each of the above diseases is responsible for blindness. But the prevention of blindness is linked with problem of standard of living of the masses and the provision of efficient health services.

Educational facilities and training to the blind :

Keeping in view to assist the blind the Government established a School for the blind first of all in Amritsar in 1937. At now the number of schools has increased to 145. The following table gives the information about the number of such institutions in different States. Institution for the blind in India has been shown in Appendix II.

TABLE - II.Number of Blind Institutions in different States.

<u>States.</u>	<u>Number of Institutions.</u>
Andhra Pradesh	8
Assam	1
Bihar	10
Delhi	6
Gujrat	16
Haryana	5
Jammu & Kashmir	2
Kerala	9
Madhya Pradesh	7
Mysore	8
Orissa	1
Punjab	5
Rajasthan	5
Tamil Nadu	14
Uttar Pradesh	17
West Bengal	9
Maharashtra	22
<b>TOTAL</b>	<b>145</b>

In the field of education specially of the blind, a modern development is the evolution of a common Braille Code for Indian languages which is a result of spasmodic efforts by experts and committees. The Indian expert Braille Committee has worked out a common Braille code for all Indian languages which is known as Bharti Braille in accordance with the recommendations made by the United Nations Educational Scientific and Cultural Organisation (UNESCO). The Government of India has accepted it and now it is used in most of the institutions throughout the country. Thus, for the first time the blind of this country have a common script. The attainment of uniformity among all the major Indian languages <sup>is</sup> in itself <sup>a</sup> unique achievement. At present <sup>the</sup> UNESCO is attempting to bring about uniformity in some of the specialized fields like music notation and the representation of the mathematical and chemical symbols in Braille. The uniformity in the system of education would not be very much useful unless there is adequate supply of Braille books. For this purpose a Central Braille Press has been established in Dehradun which has produced books in Hindi, Gujarati and Marathi.

The important objective of blind welfare is to engage the sightless individual with such training as would enable him to stand on his own legs by gaining economic independence. The existing institutions provide this training, but besides it, there is great need for providing them suitable work. For the purpose of this objective Bombay



State now Maharashtra Council of Blindness set up a work - shop for the blind in Bombay in 1960. The Union Ministry of Education has also established a small Employment Office for the blind at Madras in July 1954 which secured employment for 130 blind <sup>people</sup>. Besides it, there are four institutions which provide proper training to the blind for employment with an emolument of Rs. 300/- per month. A few sheltered work-shops exist for the blind at Uttar Pradesh, Mysore, and West Bengal<sup>28</sup>.

The National Association of the Blind which came into existence in January 1952, has done remarkable work in the sphere of education and employment for the blind. Its outstanding achievements are given below :-

- (a). Establishment of NIB and Industrial homes for the blind at Jogeshwari, Bombay in which more than 50 blind persons are engaged with proper occupation, <sup>with</sup> free boarding and lodging;
- (b). Establishment of the Tata Agriculture and Rural Training Centre for the Blind at Bombay where books in different languages are published;
- (c). Establishment of the Tata Agriculture and Rural Training Centre for the blind at Phanse in which approximately 50 blind persons will be resettled who have come from rural areas, after completion of the training;
- (d). Establishment of the National Society for the Prevention of the Blindness, with the object

of the prevention of the blindness throughout the country;

- (e). Provision for Scholarships to the needy and deserving blind candidates who want to get higher education anywhere in India.

Financial Aspect :

Provision of Rs. 11.18 lakhs had been made by the Union Ministry of Education in the first five year plan for the blind, deaf and crippled. The details of expenditure was given in Table No. III. In the Second Five Year Plan, the amount has been exceeded to Rs. 60 lakhs but <sup>the</sup> whole of it was not utilized. The allocation of the amount during the First Five-year Plan was made as follows :

TABLE - III.

Allocation of amount during First Five-Year Plan.

<u>Institution.</u>	<u>Amount in Lakhs.</u>
	<u>Rs.</u>
1. Model School for the Blind.	4.00
2. Sheltered Work-shop for the Blind.	1.50
3. Womens' Section of Training for Adult blind.	5.00
4. Post School Scholarship for the Blind.	0.32
5. Scholarship for the Deaf.	0.24
6. Orthopaedically handicapped children.	0.12
<b>TOTAL</b>	<b>11.18</b>

During the Plan period, main emphasis was given on establishing model schools for the blind and also providing adequate training facilities to the adult - blind.

In the Second Five-Year Plan, the amount was distributed as follows :-

TABLE - IV.

Allocation of amount during Second Five-Year Plan.

I t e m.	Amount in Lakh.
	Rs.
1. Expansion of the Training Centre for the adult blind.	1.00
2. Sheltered Work-shop for the Blind.	7.00
3. Workshop for the manufacture of appliances for the blind.	3.00
4. Scholarship for the adult blind.	3.00
5. Setting up of a Model Audiological Centre.	1.00
6. Model School for the blind children.	6.00
7. Women's Section of training centre for the adult blind.	4.00
8. Scholarships for the Deaf.	2.50
9. Technical Training Centre for Adult Deaf.	8.00
10. Scholarship for the mentally handicapped.	0.25
11. School for mentally handicapped.	2.00
12. Scholarship for the Orthopaedically handicapped.	2.00
13. Random sample survey of the Handicapped.	1.50
14. Employment Organisation of the " "	4.00
15. Assistance to voluntary organisation.	12.00
16. Model School for the Orthopaedically handicapped.	2.00
<b>T O T A L</b>	<b>60.00</b>

In the Second Plan the emphasis was also given for setting up Training Centres and Sheltered Work-shops for the blind so that their talent may be used for productive purposes.

#### Rehabilitation of the blind :

The fundamental aim of blind welfare is to equip the sightless persons with such training as would enable them to gain a position of economic independence. The existing institutions provide the training, but the average blind individual needs more assistance in finding suitable jobs. It is <sup>a</sup>very sad state of affairs that we do not have any organisation to assist blind persons in finding remunerative assignments after the completion of their training. A few experiments have however, been carried out by the Training Centres for the Adult Blind at the National Association for the Blind, Bombay, which incidentally is the largest organisation of its kind in our country. These experiments, however, indicated that there is an urgent need for a net work of placement organisation.

At this stage it is also important to consider the type of work which can be performed by the trained blind persons. It is not easy to evaluate their capabilities, as they can perform a large variety of works. However, for the purpose of this study, employment suitable for the blind may be divided in the three main categories -

- A - Professional jobs;
- B - Small and Cottage Industries;
- C - Factory Employment.

Professional jobs carrying a degree of respectability like musicians, Journalism, Teaching, Business Administration, Law and so on can be held by the blind persons. It can also be possible for the blind persons to undertake semi-professional jobs like stenography, telephone operating, physiotherapy etc.

Blind persons can also be trained in a number of small and cottage industries like weaving, chair canning, basket making, knitting, paper bag making, card board box making and so on. It is, however, difficult for a blind person to earn a full economic wage by practising these trades. It is, therefore, necessary to provide work under protected and sheltered conditions with sufficient state incentives.

Experience shows that blind persons can perform a number of repetitive operations in an industry from which he can earn higher wages.

At present only a small percentage of blind persons have been assigned the job of University Lecturers, Music Teachers, Weavers, Chair canners etc. A few persons have been placed in ordinary industry. At Dehradun, a small sheltered workshop has been established as a part of training Centre for the adult blind, which provide remunerative employment to a certain number of ex-trainees of the Centre. Now the Ministry of Education, Government of India is thinking of establishing such sheltered workshops on a wider scale.



Suggestions for improvements :

Every right minded person feels the necessity for better rehabilitation measures for the blind. The work for the blind in this country is still at the initial stages of development. The different problems associated with the scheme require the urgent attention of the State and the general public. The following important points must be kept in mind for the efficient working of the scheme for blind persons :-

- (1). The provision of wider and better educational training facilities must be made. It is most important that there should be at least one or two schools for the blind in each district of the State with technical departments attached to them. These institutions must impart not only primary education as at present, but should provide secondary education to these students who are anxious to receive further education. It is necessary that considerable stress should be laid, from the beginning, on the development of manual dexterity. At the age of about 15 or 16, the children who wish to take up a manual trade should pass on to the technical department for training in the trade of their choice.
- (2). Generally blindness occurs at different stages and there are a large number of blind persons

who are of 20 to 40 years of age. It is important for them to learn new skills for earning a living. A comprehensive scheme for the training of the blind must make adequate provision for blind adults. The State Governments must take this responsibility for establishing such training institutions as are supposed to be very expensive and required for the training of the Adult Blind. It would be desirable to explore the possibility of establishing a few new training centres to serve particular regions.

- (3). There must be adequate employment opportunity for ~~the~~ training blind persons as it is important for making the best use of existing training institutions. For this objective a very sound and effective planning is required. It is for the Government and existing voluntary agencies to give urgent attention to this problem. In this direction emphasis must be given firstly, for establishing a large number of effective Sheltered Workshops to provide remunerative employment to those blind persons who have been trained in cottage industries and secondly, a net work of regional organisations should be established to try and secure work for trained blind persons in the existing industrial and business houses. The work for

these organisations does not end with suitable placement. They should remain constantly in touch with their clients and should help them whenever new problems arise. For the success of these organisations an effective follow-up programme and sound planning is very essential.

### (ii). The Problem of the deaf :

Regarding deafness, no standard definition has so far been accepted in this country. In the United States of America deaf persons are those in whom the sense of hearing is non-functional for the ordinary purpose of life. The capacity of hearing is measured by a pure tone audiometer and is expressed in decibels. Persons with a loss of over 60 decibels are generally regarded as deaf. There are no reliable statistics about the number of deaf persons. However, in the 1931 census the number of deaf and hard of hearing were 2,30,000. It is far more difficult to detect deafness than to detect blindness.

### Causes of Deafness :-

The following may be the main causes of deafness :-

- |                        |                                  |
|------------------------|----------------------------------|
| (i) Ititis media;      | (ii) acute infectious diseases;  |
| (iii) septic tonsils;  | (iv) adenoids;                   |
| (v) chronic rhinitis;  | (vi) malnutrition;               |
| (vii) eruptive fevers; | (viii) cerebrospinal meningitis; |
| (ix) small - pox;      | (x) congenital syphilis;         |
| (xi) malaria;          | (xii) mumps.                     |

Here once again it is difficult to estimate to what extent each of the above diseases is responsible for deafness. The prevention of deafness is also intimately linked with the wider problem of improving the standard of living of the masses and providing efficient health services.

#### Educational facilities and training :

A school for the Deaf and Mute was established first of all in 1824 in Mangalore, Bombay. Then in Calcutta a school for <sup>the</sup> Deaf and Mute was established in 1893. It was the best institution of its kind. Later on in other parts of the country such institutions were established.

At present there are 85 schools for the Deaf imparting education and training to deaf children. There is, however, no institution for the adult deaf. The majority of the existing schools for the deaf are run by voluntary agencies and have limited financial resources. Many of them receive grants from the State Governments but these are generally not enough to enable them to meet all the needs of the deaf. Recently the Central Social Welfare Board has given assistance to a number of institutions for the deaf and it is hoped that with this assistance these institutions may be able to carry through developmental programmes. Institutions for the deaf in different States have been shown in Table V.

TABLE - V.Institutions for the Deaf in Different States.

<u>States.</u>	<u>Number of Institutions.</u>
Andhra Pradesh.	3
Assam.	1
Bihar.	3
Delhi.	4
Gujrat.	7
Kerala.	5
Madhya Pradesh.	4
Maharashtra.	19
Mysore.	4
Orissa.	2
Punjab.	4
Rajasthan.	2
Tamil Nadu.	6
Uttar Pradesh.	13
West Bengal.	8
<b>TOTAL</b>	<b>85</b>

There are two teacher-training centres, one attached to the Calcutta Deaf and Dumb School and the other at Lucknow. These Centres assist in a large measure in supplying trained teachers for schools in various parts of the country. In 1935 a convention of the Teachers of the Deaf in India was also formed. It is the only association of its kind and is rendering valuable service in promoting the education of the deaf.



### Rehabilitation of the deaf :

A variety of occupations are open to the deaf. Usually a deaf person can perform almost any job not specifically requiring the use of the sense of hearing. But it is difficult for a deaf person to take up a professional career. With the result, these persons have to accept some kind of manual occupation.

In our country no organised attempt has been made to secure employment for trained deaf persons. Now the Government of India has seriously taken up this issue and suitable employments of tailoring, cabinet making, printing, weaving are provided to deaf persons.

The Government of India is also conscious of this fact and appointed an Expert Committee on Deafness to make an assessment of the problem and to recommend suitable measures to deal with it. The Committee has made a number of recommendations which are under consideration by the Central and State Governments. Implementation of these recommendations will go a long way in promoting the well being of the deaf.

In the absence of adequate information it is difficult to make any positive suggestions. However, it is important that the existing schools of the deaf should be improved. Teaching standards should be raised and hearing instruments should be provided to all students who can use them. In every State there should have at least two up-to-date schools with properly trained staff.

Training and education should be job-oriented otherwise it will not be very useful. These training institutions must have contact with the different trade associations and business houses so that there can be employment opportunities.

Recent Developments :

Recently the Government of India has established special employment offices for the Physically Handicapped. Such offices are at present functioning at Bombay, Madras, Delhi, Hyderabad, Calcutta, Kanpur, Bangalore, Ahmadabad, Chandigarh and Trivendrum.

The following table gives an idea of the performances of the special Employment Exchanges during the period April 1970 to January 1971 :-

TABLE - VI.

**Employment Record of Handicapped Persons.**  
(April 1970 to January 1971)

	Blind.	Deaf & Dumb.	Ortho- paedic- ally Handi- capped.	Respi- ratory dis - orders.	Total.
No. of persons registered.	316	289	2,008	4	2,617
No. of placement made.	60	68	804	-	932
No. of applicants on the Live Registers as on 31.1.1971.	943	614	3,941	8	5,406

The statistics indicate that there is very poor performance of the placement of handicapped persons. The situation can be improved with direct State incentives to the trained handicapped persons.

Vocational rehabilitation Centres for the physically Handicapped persons :

In the year 1968 two Vocational Rehabilitation Centres one at Bombay, and the other at Hyderabad were set up by the Ministry of Rehabilitation with the help of Social and Rehabilitation Services of the Department of Health, Education Welfare of the Government of U.S.A. for Vocational Evaluation and for imparting adjustment training to Physically Handicapped persons.

These Centres have provided the following types of services :-

- (1) These Centres admit physically handicapped persons (Blind, Deaf, Dumb and Orthopaedics) to evaluate them, medically assess their residual vocational capacity and measure them psychologically.
- (2) The disabled persons are examined by a panel of medical specialists to give opinion on their residual work capacities, remedial or curative measures.
- (3) The handicapped persons are interviewed for knowing their personal, social, family, educational, economic and vocational background. They

- are also studied in their family and community settings which often cause adjustment problems.
- (4) The handicapped persons are put through various psychological tests to assess the client's intelligence, aptitude, manual dexterity, personality and adjustment problems.
  - (5) The capacity of the handicapped clients are also tested in the workshop settings units such as carpentry, radio, commercial, clerical drawing, painting, etc.
  - (6) The disabled clients at these centres are also given the necessary counselling and workshop training to adjust themselves to their work habits, motivate them for taking decisions in the right perspective both in personal and vocational areas.
  - (7) The parents of handicapped clients are interviewed to fill the gaps in information relating to clients. The assessment made and the vocational plan chalked out are also discussed with the parents to achieve the full rehabilitation of the person.
  - (8) The cases of the handicapped are discussed in detail in a case conference where decisions regarding vocational plans are taken.

- (9) Efforts are made to place the physically handicapped clients, evaluated at the Centres, in suitable jobs with the help of special employment exchanges. In case of clients needing training, arrangements are made to impart the required training in Industrial Training Institute/Industry.
- (10) After placing them in jobs or training courses the employer is rendered follow - up service in -
- (a) Client adjustment;
  - (b) Job adjustment;
  - (c) Client counselling.

The following table gives a broad idea of the working of these Centres during the period April 1970 to January 1971.

**TABLE - VII.**

**Performance of the Vocational Rehabilitation Centres (April 1970 to January 1971).**

	Bombay.				Hyderabad.			
	Blind	Deaf & Dumb	Ortho.	Total	Blind	Deaf & Dumb	Ortho.	Total
1. No. of persons on the roll of the centre at the beginning of April 1970.	-	2	-	2	-	1	12	13
2. No. of persons admitted.	33	44	95	172	21	10	169	200
3. No. referred for employment or training.	33	45	92	170	19	10	169	198

contd..



Table VII (contd...)

4.No.still under evaluat- ion.	-	1	3	4	2	1	19	22
5.No.placed in employment.	17	24	54	95	3	8	75	86
6.No. under- going training.	3	20	22	45	-	2	4	6

The National Commission on Labour has recommended the setting up of Rehabilitation Homes for Physically Handicapped persons. It is proposed to set up two such Centres during 1971-72 and two in 1972-73.

(iii). The Problem of the Crippled :

Normally, when the body of a person on account of congenital deformities, rickets, cerebral palsy, Poliomyelitis, paralysis, bones-tuberculosis, arthritis, postural deformities and accidents becomes crippled, all his rights are immediately forfeited, and he becomes a domestic and national liability. When he is crippled, it is thoughtlessly assumed that the <sup>his</sup> mind and emotions have also become crippled but when he is trained and becomes economically productive, he regains himself respect, forgets his disability and that his rights and privileges have been restored. "The crippled is made, not born" says sir G.R. Cirdlestone. Only a small proportion of crippled children suffer from congenital defects, and even in these cases the original defect is

usually comparatively slight when they are born and <sup>can be</sup> easily rectified, <sup>but</sup> ~~the~~ Unhealthy conditions generally lead to rickets, general laxity of muscles, bones and ligaments, and to a condition of lowered vitality. The increase of ill - health and the onset of definite disease or commencing deformity are so gradual that they escape detection until the damage has been done.

From the beginning of the 19th century, the situation has changed and <sup>the</sup> medical profession began to think of giving the crippled a chance in life. Realising the urgency, the first Hospital for Orthopaedic cases was started in Birmingham in 1817 which is at present called the Royal Crippled Hospital. In India only after 1947, some <sup>remedial</sup> ~~the~~ steps were taken and now almost in all States there are special hospitals specially for <sup>the</sup> crippled which treat orthopaedic cases with great success.

At present there are 41 institutions which provide rehabilitation services to the crippled. The number of such institutions in different States have been shown in Table VIII.

**TABLE - VIII.**

**Institutions for the Orthopaedically Handicapped.**

States.	No. of institutions.
Andhra Pradesh.	7
Bihar.	2
Delhi.	3
Gujrat.	3
Kerala.	2
Madhya Pradesh.	2
Maharashtra.	8
Mysore.	3
Punjab.	3
Tamil Nadu.	4
Uttar Pradesh.	2
West Bengal.	2
<b>TOTAL</b>	<b>41</b>

(F). Rehabilitation Assistance to Refugees and to the Dependents of War Victims :

After the partition of the country the problem of relief and rehabilitation of displaced persons from West and East Pakistan was a major national programme. According to the census of India 1951 the number of displaced persons searching permanent residence in India were about 8.9 million of whom 4.7 million came from West Pakistan and <sup>the</sup> rest from East Pakistan<sup>29</sup> but the total figure comes to 9.75 including the migration of 1963-65<sup>30</sup>.

At the end of the First Five-Year Plan nearly 2.3 million displaced persons from West Pakistan have been settled (on land) and their rehabilitation has been assisted with loans and grants. In urban areas 1.2 million persons have been given accommodation in evacuee houses and another million persons in 20000 newly constructed tenements.<sup>30</sup> These displaced persons who wanted to start small scale business or wanted to open small industries, a loan upto Rs. 5,000/- per family ~~has~~ been advanced by the State Government. Loans for larger undertakings have been advanced by the Rehabilitation Finance Administration. Vocational Training Centres have been established and about 75,000 persons have so far been trained in various occupations. Financial assistance has also been granted to private educational institutions catering to the educational needs of the displaced students.

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29. See Third Five-Year Plan, Planning Commission, Govt. of India, p. 275.

30. Directory and Year Book, Times of India Publication, 1965, p. 375 and 146 (1972 edition).

Stipends, scholarships, freeship, grants have been given to displaced students. Fourteen township have been built with a view to assist displaced persons in finding shelter and employment. In these, provision has been made for developing civic amenities like water supply, drainage and electricity. In order to increase employment opportunities various industries have been opened by the government to help them. In such industries near about 11,000 displaced persons are working and earning their bread.

The problem of East Pakistan refugees is more acute than that of West Pakistan because there has been continuous influx of displaced persons from East Pakistan. The total number of migrants who came to India from East Pakistan from January 1964 to January 1965 was 8,94,137. Out of 6,09,909 migrants who have come to West Bengal 2,04,382 had applied for rehabilitation benefit and have been admitted in the camp, 1,20,000 migrants who came to Assam were also given the facility of the camp<sup>31</sup>. At the end of the First Five-Year Plan it is estimated that about 1,70,000 families are to be rehabilitated<sup>32</sup>. As the problem of migration of the minority community from East Pakistan is assuming gigantic proportions, the Government of Madhya

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31. See Second Five-Year Plan : A draft outline, Planning Commission, Government of India, page 177.

32. Directory and Year Book : Times of India Publication, 1965, page 375.

Pradesh, Orissa, Maharashtra, Andhra Pradesh, Mysore, Bihar, Uttar Pradesh, Gujrat and Madras have been approached to accept a quota of migrants for resettlement in their States.

With a view to provide accommodation to the families of displaced persons a number of <sup>transitory</sup> relief camps have been set up. In February 1965 the number of Camps set up were 85 - eight of these camps having a population of 80,380 persons (18,500 families) are run by the Central Government and the remaining 77 camps with a population of 1,85,732 - (44,628 families) are under the control of the State Government<sup>33</sup>.

During the First Five-Year Plan about Rs. 136 crores have been allotted for giving assistance to the displaced persons. The figures are given in the following table<sup>34</sup>:-

TABLE - IX.

Rehabilitation Assistance during First Five-Year Plan.

<u>Items.</u>	<u>Amount (in crores).</u>
	<u>Rs.</u>
1. Urban Loans. ....	12.60
2. Rural Loans. ....	18.60
3. Rehabilitation Financial Assistance. ....	12.90
4. Industrial Loans. ....	3.00
5. Housing. ....	66.90
6. Vocational & Technical Training. ....	21.70
<b>TOTAL</b>	<b>135.70</b>

33. Ibid, P.P. 122, 123.

34. See First Five-Year Plan, Planning Commission, Government of India, page 864.



During the period of the Second Five-Year Plan, the rehabilitation assistance has been granted in the following forms; the details of expenditure are given in the following table<sup>35</sup> :-

**TABLE - X.**

**Rehabilitation Assistance during Second Five-Year Plan.**

Items.	Total amount in Crores.	Amount given to dis- placed	
		West Pakistan Refugees.	East Pakistan Refugees.
	Rs.	Rs.	Rs.
1. Urban Loans.	5.72	1.47	4.25
2. Rural Loans -	14.60	0.16	14.44
(a) Development of Agri- cultural lands.	4.80	--	4.80
3. Housing.	24.46	5.78	18.68
4. Industrial Loan & <sup>36</sup>		4.68	--
5. Cottage Industries <sup>36</sup> Loan.	11.22	0.94	5.60
6. Education.	14.71	3.75	10.96
7. Vocational & Tech. Training.	7.17	1.92	5.25
8. Medical Facilities.	2.82	--	2.82

35. See Second Five-Year Plan, Planning Commission, Government of India, p.178

36. Rs. 11.22 Crores have been allotted for setting up big and Cottage Industries. The separate figures are not available.

Urban Loans :

Under the scheme of urban loan, displaced persons from East Pakistan are proposed to be given assistance. It is estimated <sup>that</sup> approximately 19,000 displaced families will be assisted under the scheme. Provision of tapering basis has also been made for a small portion of displaced persons from West Pakistan especially those who will have no claim under the compensation scheme or their claims are very small. Loans given by Rehabilitation Finance Administration have gone to the applicants from eastern States. The Housing programme for displaced persons from West Pakistan aims ~~at~~ mainly <sup>now</sup> ~~for~~ completing the construction work ~~now~~ under way and for the development of township colonies which have been established. Under the Housing programme for displaced persons from East Pakistan it is proposed to advance loans nearly to 13,000 families at an average rate of Rs. 2,500 per family and to undertake the construction of about 12,000 units at an average cost of Rs. 5,000 per unit. Schemes have also been drawn up for developing existing colonies and for granting assistance to municipalities and local bodies for providing civic amenities to colonies of displaced persons.

Rural Loans :

Under the scheme of Rural Loan approximately 70,000 displaced persons from East Pakistan are proposed to be assisted for settlement on land and in ancillary

occupation in rural areas. It is estimated that the amount of assessed loan ~~per~~ per peasant family would be on an average of Rs. 2,450/- and for non-peasant family whose livelihood is earned by ~~the~~ agriculture would be paid on an average of Rs. 1,525/- to Rs. 2,275/- per family. The acquisition of ~~development~~ of agricultural land in states other than West Bengal for the resettlement of displaced agriculturist from East Pakistan, is a matter requiring urgent attention. The national development council has called upon States to make special efforts to provide land for East Pakistan displaced persons. Efforts are being made to locate suitable blocks of land in several parts of the country, especially in Orissa, Vindhya Pradesh now Madhya Pradesh, Mysore, Andhra and Hyderabad.

#### Programme for the Third Five-Year Plan :

The task of rehabilitating displaced persons is gradually coming to an end. In respect of displaced persons from West Pakistan, provisions in the Third Plan are limited mainly to residual requirements for housing schemes and assistance for educational and health services. For displaced persons from East Pakistan the two specific objectives are the rehabilitation of 23,600 families residing in camps and other centres in West Bengal and of about 2,00,000 partially rehabilitated displaced families living in West Bengal. Although financial provision is being made for them under Rehabilitation, the administration

of a number of rehabilitations schemes has been transferred from the Ministry of Rehabilitation to the Central Ministries concerned, as for instance, the Rehabilitation Industries Corporation, <sup>with</sup> financial assistance for displaced students, reservation of beds and hospitals etc. Schemes of assistance for the provision of education and health services and training schemes are also proposed to be integrated progressively into the plans of States. Programmes formulated by the Ministry of Rehabilitation in consultation with the State Governments concerned add up to a total outlay of Rs. 74 crores (about Rs. 41 crores being intended for the rehabilitation of displaced persons from East Pakistan, about Rs. 26 crores for the Bandakaranya project and about Rs. 7 crores for rehabilitation of displaced persons from West Pakistan). The Third Plan at present envisages a provision of Rs. 40 crores. However, since the object is to complete rehabilitation in as short a period as may be feasible, it is proposed that financial provisions required for carrying out the essential programmes should be made each year in the light of the actual progress in rehabilitation and the tasks still outstanding.

A few of the principal items in the programme of rehabilitation of displaced persons from East Pakistan may be briefly mentioned. It is hoped that about 18,000 agricultural families will be rehabilitated on land -- about 3,000 families in West Bengal and Uttar Pradesh, and

the remaining families in the <sup>da</sup>Bankaraya area. Urban loans are expected to be given to about 12,000 families. Loans will also be given to agriculturists for irrigation, reclamation and purchase of agricultural requisites. A substantial programme for the construction of housing units and grant of urban house building loans has been drawn up. Provision has also been made for loans for small scale as well as medium industries. The Plan provides, amongst other things, for educational facilities for the children of displaced persons who are at present in the camps, for assistance to private educational institutions catering to the needs of displaced persons and for aid to needy and deserving displaced students. The Plan also provides for vocational and technical training and for medical facilities for displaced persons in West Bengal. Programmes for the Bankaraya area are being formulated in detail. They include schemes for land reclamation, irrigation, road development, loans and grant for rehabilitation and provision for educational and social services.

#### Recent Position of Migrants and Refugees :

(1). East Pakistan : Following the exodus which started in January 1964, 8,54,000 refugees had crossed over to India by the end of 1969. The figure rose to 1.11 million in 1970. Different Reception Centres were opened at Petrapole, Harnabad and Basirhat in West Bengal.



and old relief camps were reactivated and several new camps opened to rehabilitate them. By the end of 1969 there were only 5,121 families to be rehabilitated but with the fresh influx of 2,50,000 in 1970, the number went up to 41,896 families. The enormous figure of almost 9.79 million refugees who had come into India in 1971 after a revolution in East Pakistan had made the rehabilitation problem a truly gigantic one for the Government.

Rehabilitation of migrants is treated as a national problem. Resettlement is undertaken mainly in agriculture, small trade and industries. Efforts are also made to secure employment in government departments and public sector undertakings.

Upto 31st December, 1969, 34,115 families had been rehabilitated in agriculture, small trade and industry in various states including Dandakaranya Project, especially undertaken for refugees.

Besides, 6,715 families had settled down in Tripura, an exchange of their properties in East Pakistan. Another 1,789 families were rehabilitated during the year 1970, thus making a total of 41,619.

New Migrant families are being rehabilitated in agricultural projects taken up in Madhya Pradesh, Maharashtra, Assam, Andhra Pradesh and Arunachal Pradesh etc. They are also being rehabilitated in Dandakaranya and in the Andaman and Nicobar Islands. Efforts are continuing to locate more

more agricultural lands for the resettlement of migrants who came during 1970.

#### New Migrants :

The following statement shows the figures of migration of new migrants from East Pakistan from January 1, 1964 to December 31, 1970.

TABLE - XI.

Number of New Migrants from East Pakistan  
(January 1964 - December 1970)

<u>Year.</u>	<u>West Bengal.</u>	<u>Assam.</u>	<u>Tripura.</u>	<u>Total.</u>
<u>1.</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>
1964.	4,19,321	1,73,782	1,00,039	6,93,142
1965.	81,491	11,062	15,353	1,07,906
1966.	4,057	1,854	1,654	7,565
1967.	5,057	7,161	12,299	24,527
1968.	3,673	4,821	3,120	11,614
1969.	3,714	2,765	3,290	9,768
1970.	2,32,467	11,257	6,275	2,49,999
<b>TOTAL :</b>	<b>7,49,789</b>	<b>2,12,702</b>	<b>1,42,039</b>	<b>11,04,521</b>

#### Relief Camps :

The following statement shows the number of Relief Camps for new migrants from East Pakistan in different States and their population (as on January 1, 1971).

**TABLE - XII.**

**Number of Relief Camps for new Migrants  
from East Pakistan in different States  
(as on January, 1971).**

States.	No. of Relief camps.	Population		Total.
		Non - Liability (Agricul- turst, non-agri- culturst & Unscreen- ed).	Permanent Liability.	

**State Camps :**

1. Andhra Pradesh.	1	975	..	975
2. Assam.	9	2,169	1,533	3,702
3. Bihar.	5	4,579	240	4,819
4. Maharash- tra.	4	3,619	169	3,788
5. Madhya Pradesh.	9	1,970	38	2,008
6. Orissa.	4	1,987	121	2,108
7. Rajasthan.	1	879	57	936
8. Tripura.	2	161	781	942
9. Uttar Pradesh.	2	2,115	43	2,158

**Central Camps :**

10. Mana, Kurud, Nawaon & Kendri.	1	19,389	1,071	20,460
<b>TOTAL :</b>	<b>32</b>	<b>37,943</b>	<b>4,053</b>	<b>41,996</b>

**Rehabilitation Programme and its Progress :**

The following statement shows the progress of rehabilitation of new migrants and fresh influx of families from East Pakistan in different States :-

**TABLE - XIII.****Progress of Rehabilitation**

State.	Families rehabilitated upto Dec. 31, 1970.			
	Agriculture.	Small Trade.	Industry.	Total.
Andhra Pradesh.	810	14	..	824
Assam.	8,722	3,479	..	12,201
Bihar.	441	1,008	..	1,449
Maharashtra.	3,547	407	..	3,954
Madhya Pradesh.	2,674 <sup>38</sup>	519	31	3,224
Manipur.	145 <sup>39</sup>	..	..	145
Arunachal Pradesh. (N.E.F.A.)	2,902	..	..	2,902
Orissa.	..	184	67	251
Punjab.	..	3	..	3
Tripura.	5,675	40	..	5,715
Uttar Pradesh.	768	106	270	1,143
Mysore.	659	..	..	659
Andamans.	562	..	..	562
Dandakaranya.	8,131	456	..	8,587
<b>TOTAL</b>	<b>35,035</b>	<b>6,215</b>	<b>368</b>	<b>41,619</b>

37. Out of 37,843 families in camps, 28,827 are agriculturists, 3,274 non-agriculturists and 5,752 un-screened. This does not include 1,750 families consisting of 8,750 persons moved to tented camps in 35 villages in Chanda Project and 10,784 families consisting of 49,169 persons moved to relief and work-site camps in Dandakaranya.

38. These figures exclude 136 families from Andhra Pradesh, 42 families from Madhya Pradesh and 41 families from Manipur who had left the rehabilitation sites during 1970.

39. This figure excludes 146 families who have left jobs.

### Old Migrants from East Pakistan :

The refugees from East Pakistan who had come over to India upto the 31st March, 1958, are known as 'old migrants'. Their number was about 4.12 million and a bulk of them viz., over 3.1 million constituting three-fourths of the total migrant population have stayed on in West Bengal.

### Expenditure on Old Migrants :

Upto the end of March, 1980, a sum of Rs. 2,603.4 million was spent on relief and rehabilitation of old migrants from East Pakistan in different states in the eastern region.

A provision of Rs. 14.3 million has been made in the budget estimates for 1971-72 for meeting the expenditure on the various schemes relating to rehabilitation of old migrants in West Bengal.

### (ii). Displaced Persons from West Pakistan :

As a result of the partition of India the immediate problem tackled by the government at the time was that of provision of relief and accommodation. After this phase was over, the scheme for payment of compensation to the displaced persons who had left their properties in West Pakistan was undertaken. As a result 5,07,028 applications were received for payment of compensation and rehabilitation grants upto 31st December, 1970. The Government of India had created a 'Compensation Pool' which consisted of the evacuee properties left by Muslims who migrated to Pakistan and Central Government



contribution to the extent expenditure was incurred by them on housing schemes and loans to State Governments and displaced persons for rehabilitation purposes. The compensation payable to the displaced persons in respect of their verified claims was paid in cash and also in the form of adjustment of cost of properties and towards the liquidation of the loans etc., due from them. Upto 31st December, 1970, 5,06,987 cases of claims had been settled involving a payment of Rs. 1,911 million. Only 41 cases now remain to be finalised apart from the re-opening of some finalised cases as a result of judicial or administrative actions.

#### Old West Pakistan Minorities :

Migration of minority communities from West Pakistan was more or less complete by 1,949. About 4.74 million displaced persons had come over to India. The work relating to their rehabilitation was practically over by the year 1962.

#### Urban Properties :

The total number of evacuee properties left by the Muslims was 3,02,000 while 2,00,000 properties were constructed, either directly by the Government of India or indirectly through the State Governments etc. Of the foregoing, over 3,00,000 evacuee properties and almost all the government built properties had been disposed off by 31st December, 1970, leaving a balance of only 5,000 undisposed properties.

Rural Resettlement :

About 2.42 million hectares of agricultural land was abandoned by Muslims who had migrated to Pakistan. These lands were also utilised for payment of compensation to the displaced persons migrating from the rural areas of West Pakistan.

Expenditure on Displaced Persons :

Upto the end of 1970-71, an estimated sum of Rs.5,904.6 million will have been spent on displaced persons etc., as per details as given below.

TABLE - XIV.Statement of expenditure upto 1970-71 (Rs. in million).

Items.	West Pakistan. Rs.	East Pakistan. Rs.	Total. Rs.
(a). Actual Expenditure upto the end of 1969-70.			
(i). Expenditure on displaced persons from			
Pakistan - Grants.	1,026.2	1,465.0	2,491.2
Dandakaran Schemes.	..	522.4	522.4
Rehabilitation Reclamation Scheme.	..	64.3	64.3
Rehabilitation Industries Corporation.	..	43.4	43.4
Loans.	267.1	560.7	827.8
Housing.	662.6	473.6	1,136.2
Establishments.	32.3	33.0	65.3
Loans paid by Rehabilitation upto 31.12.60.	72.8	39.4	112.2
Miscellaneous.	00.1	21.1	21.2
Total :	2,061.1	3,222.9	5,284.0
(ii). Relief measures in Jammu & Kashmir on account of the conflict with Pakistan.			158.2
(iii). Expenditure on Repatriates from Burma and Ceylon etc.			98.5
		G.O.	5,540.7

	B.P.	Rs. 5,540.7
(iv) Expenditure on Tibetan Refugees.		09.3
Total upto 1969-70.		5,545.0
(b). Revised Estimates for 1970-71.		359.6
<b>GRAND TOTAL :</b>		<b>5,904.6</b>

The above figures do not include expenditure on payment of compensation out of the Compensation Pool to Displaced Persons from West Pakistan (about Rs. 191 million) and the ex-gratia payments to migrants from the Pakistan-held areas of Jammu & Kashmir (Rs. 46.3 million). It also does not include expenditure incurred by other Ministries on the Relief and Rehabilitation of Displaced Persons/Migrants/Repatriates. The Revised Estimates 1970-71 do not include a sum of Rs. 4.6 million as adjustment in accounts and Rs. 1.9 million as Compensation to Displaced Persons.

#### Enclaves & Rehabilitation :

Rehabilitation of persons affected by the Transfer of Indian Enclaves to Pakistan : The Nehru-Moon Agreement of 1958 envisaged the exchange of 123 Indian Enclaves in Pakistan for 74 Pakistani Enclaves in the Indian Union. The Constitution Amendment Act, 1960, and the Acquired Territories Merger Act, 1960, provide for the exchange of the areas ~~has~~ so far actually taken place owing to Pakistan's

insistence that demarcation of East Pakistan/West Pakistan borders should take place simultaneously with the demarcation of Beru Bari which is sub-judice.

As regards the families from Indian Enclaves, who have already come over to the main land or who might come later, it has been decided to give them rehabilitation assistance as admissible to the new migrants.

Schemes sanctioned for Rehabilitation of 1,168 families :

A sum of Rs. 12.2 million has so far been sanctioned for the rehabilitation of 1,168 families (1,147 agriculturists and 21 non-agriculturists) who have come over from these enclaves to Jalpaiguri, Cooch Behar, and West Dinajpur districts in north Bengal.

A provision of Rs. 3 million has been made for the rehabilitation of these families in Budget Estimates for 1971-72.

Relief and Re-settlement operations in Jammu & Kashmir and other border areas :

The Indo-Pak conflict of August-September, 1965, posed the problem of providing relief to nearly 3,64,900 persons affected in the States of Jammu & Kashmir, Punjab and Rajasthan. Three lakhs of these persons belonged to Jammu & Kashmir, 52,000 to Punjab and 84,000 to Rajasthan apart from 4,500 persons of the "minority" community who had migrated from West Pakistan to Rajasthan.

These people were persuaded to go back to their original sites, and, in deserving cases, given grants for reconstruction or repairs of houses, shops and maintenance grants and trade loans. In some cases, alternative sites were developed for resettling these families.

The work in respect of relief and rehabilitation of people affected by the Indo-Pak conflict is now almost over.

#### Dandakaranya Project :

The Dandakaranya Development Authority, was constituted in the year 1958 for the re-settlement of displaced persons from East Pakistan and for the development of the area. Thirteen thousand, nine hundred <sup>and</sup> eighty-three families had been rehabilitated by the end of the year 1970. The programme for opening up of the area by development of infrastructure, such as roads, culverts, irrigation projects, schools, hospitals, etc., progressed satisfactorily. Ten thousand seven hundred <sup>and</sup> eighty-four families of the fresh influx of 1970 were moved to the project area. Most of them have been provided work and have been lodged in work site camps.

#### Area of Operations :

The project area is spread over the districts of Bastar in Madhya Pradesh and Koraput in Orissa. The actual area of operation is confined to the four re-settlement



zones, namely, Umerkote and Malkangiri in Oraput district of Orissa and Paralkote and Kondagaon zones in Bastar district of Madhya Pradesh. The head offices of the various organisations of the project are located at convenient places like Jagdalpur, Kondagaon and Ambaguda.

An agreement was also concluded with the government of Japan in August, 1970, for the agricultural development of the Paralkote zone in the Vandakaranya Project. Six Japanese experts had already arrived in the project area. Under the agreement, the Government of Japan will provide, free of cost, machinery, vehicles and tools required for the implementation of the development programme.

#### Resettlement :

Near about 18,415 families of displaced persons had been moved to village sites upto the end of November, 1970. After excluding those who deserted of their own accord, 13,983 families (5,396 old migrants and 8,587 new migrants) were living in the villages by the end of November, 1970.

#### Expenditure :

A net expenditure of Rs. 41,622 crores had been incurred on the Vandakaranya Project upto March 31, 1970. The provision approved in the Revised Estimates 1970-71 on capital and on loan head is Rs. 3.75 crores. In addition, a sum of Rs. 7,00,00 had been provided for meeting relief expenditure on 10,784 families of the recent influx.

A provision of Rs. 3.5 crores had been made in the Budget Estimates of 1971-72 for expenditure on capital amount and on loan head. In addition, a sum of Rs. 2.0 crores had been provided for relief assistance to the families of recent influx.

Programme of 1971-72 :

In the year 1971-72, resettlement schemes benefiting 1,000 - 1,250 families of new migrants in agriculture and 200 families in non-agricultural occupations were envisaged. Besides, 150 families of landless Adivasis were also proposed to be settled during the year.

Rehabilitation Assistance :

About 2.25 hectares of agricultural land was allotted to an agriculturist settler family. The non-agriculturist families are given an agricultural plot of 1.67 hectares.

(iii). Ceylon Repatriates :

Under Indo-Ceylon agreement, 1964, 5,25,000 Stateless persons of Indian origin are to be repatriated from Ceylon over a period of 15 years. All funds required for implementing the relief and rehabilitation scheme are provided by the Government of India.

(iv). Mozambique Repatriates :

About 600 families comprising roughly 2,300 persons have returned to India from Mozambique and settled in the

State of Gujrat. For providing immediate relief exgratia grant to the tune of Rs. 5,000.00 was given to them. A sum of Rs. 2.04 million had been disbursed as ex-gratia grant upto March 31, 1970.

(v). Tibetan Refugees :

About 56,000 Tibetan Refugees have entered India, Sikkim and Bhutan since 1959. During 1970-71 about 65 Tibetan Refugees entered India.

So far, about 25,300 Tibetan Refugees have been rehabilitated in agricultural settlements, small-scale industries, and handicraft centres set up in various parts of the country.

Re-settlement of Lamas :

The scheme for the rehabilitation of Lamas is estimated to cost Rs. 3,360,100. It was being implemented in collaboration with United Nations High Commissioner for Refugees who has agreed to contribute to the extent of Rs. 1.5 million.

(vi). Burma Repatriates :

Three thousand, five hundred <sup>and</sup> sixty-eight Repatriates arrived from Burma during the year 1970. The total number of Repatriates from Burma is now 1,82,042 or approximately 60,680 families. The Repatriates are being resettled in the States of their origin. Rehabilitation assistance has been given to about 56,188 families in the form of business

loans and allotment of agricultural land. Assistance was also provided through grant of educational concessions to the students, loan for construction of houses, employment in offices, industries and undertakings etc.

**TABLE - XV.**

Statement showing the number of Burma Repatriates who have been given rehabilitation assistance in various States/Union Territories (as reported upto 31.1.71).

Name of the State/Union Territory.	Business Loan.	Employment.	Agricultural land allotted.	Other assistance. (40)	Total.
Andhra Pradesh.	9,000	5,775	20	907	15,702
Assam.	287	...	..	..	287
Bihar.	193	1	26	157	377
Gujrat.	425	35	1	303	764
Haryana.	20	...	..	..	20
Himachal Pradesh.	5	3	..	2	10
Jammu & Kashmir.	7	...	..	..	7
Kerala.	1,678	...	..	162	1,840
Madhya Pradesh.	62	...	46	..	108
Mysore.	35	...	162	..	197
Orissa.	1,870	242	1	933	3,046
Punjab.	238	1	11	101	351
Rajasthan.	94	...	1	..	95
Tamil Nadu.	37,755	3,565	1,060	6,437	48,817
Uttar Pradesh.	900	123	238	141 <sup>41</sup>	1,402
West Bengal.	1,556	5	..	9 <sup>41</sup>	1,570
Andaman & Nicobar Islands.	132	37	38	..	207
Chandigarh.	24	...	..	..	24
Delhi.	136	...	..	152	288
Goa.	1	...	..	..	1
Manipur.	118	...	..	..	118
Pondicherry.	46	3	..	..	49
Tripora.	2	2	..	..	4
<b>TOTAL :</b>	<b>54,584</b>	<b>9,782</b>	<b>1,604</b>	<b>9,304</b>	<b>75,284</b>

40. Assistance given for educational concessions, allotment of licences & fair price shops, old age pensions, homestead plots and shops etc.

41. Figures relating to grants for maintenance reported earlier have been omitted.

TABLE - XVI.

State-wise distribution of repatriates from Burma in India.  
(As reported upto 31st January, 1971..)

<u>Name of the State/Union Territory.</u>	<u>Persons.</u>
Tamil Nadu.	97,023
Andhra Pradesh.	26,757
Assam.	954
Bihar.	3,765
Gujrat.	929
Kerala.	800
Madhya Pradesh.	69
Mysore.	126
Maharashtra.	204
Orissa.	2,345
Punjab.	679
Rajasthan.	233
Uttar Pradesh.	6,532
West Bengal.	3,853
Tripura.	92
Goa.	3
Manipur.	3
Delhi.	493
Haryana.	24
Jammu & Kashmir.	12
Andaman & Nicobar Islands	19
Himachal Pradesh.	6
Unknown destinations.	38,146 <sup>42</sup>
<b>TOTAL</b>	<b>1,82,042</b>

42. A number of repatriates with unknown destinations are reported to have gone to the States of Andhra Pradesh, Orissa, West Bengal, Kerala, Pondicherry, Himachal Pradesh, Jammu & Kashmir, Haryana, Tamil Nadu, Gujarat, Bihar, Chandigarh, Manipur and Andaman & Nicobar Islands etc.



Permanent Liability Homes :

According to information available, as on 31st December, 1970, nearly 4,053 families comprising 14,164 persons of permanent liability category were residing in different relief camps. It has been decided to set up new permanent liability homes in different States, since vacancies in the existing homes cannot accommodate all the existing permanent liability families in various camps.

The number of permanent liability families already admitted to existing homes is as under :-

TABLE - XVII.

Number of Families Admitted in Permanent Liability Homes.

<u>Name of the Home.</u>	<u>No. of Families admitted.</u>
1. Kasturba Niketan, Lajpat Nagar, New Delhi.	152
2. Meherpur Home, Assam. ...	264
3. Paliganj Home, Lucknow. ...	30
4. Improvised Permanent Liability Home, Anrudhutinagar, Tripura. ...	570
5. Mahila Ashram, Karnal (Haryana).	81
6. Permanent Liability Home, Amtali, Tripura.	85
7. Durgakund Home, Varanasi (Uttar Pradesh).	49
8. Permanent Liability Home at Mana - Phase I.	462
Phase II.	588
<b>TOTAL</b>	<b>2,281</b>

The new Permanent Liability Homes to be constructed in different States are shown as under :-

**TABLE - XVIII.**

**Programme of New Construction of Permanent Liability Homes.**

Name of the Home and the State.	Capacity (Families).	Amount sanctioned.
1. Permanent Liability Home at Mana, Raipur, & Madhya Pradesh - in four phases .	2,000	Phase I (completed) 11,69,000 Phase II " 15,55,220 Phase III " 20,53,396 Phase IV " 16,67,800 Water supply arrangement for Phase I, II and III. 4,32,700
2. Permanent Liability Home at Amtali, Tripura.	300	17,60,300
3. Permanent liability Home at Birsai, Maharashtra.	300	4,86,000
4. Permanent Liability Home at (i) Tura.	300	28,31,400
(ii) Bamunigaon. 1,000		53,32,000
at Assam.		
5. Permanent Liability Home at Sunabeda, Orissa.	500	12,90,939
<b>TOTAL :</b>	<b>4,400</b>	<b>1,77,78,835</b>

Bangla Desh :

With the creation of Bangla Desh all the refugees, who at one stage numbered 9.89 million, have gone back. The total expenditure incurred by India during the 10 months that they stayed here, was about Rs. 240 crores. The refugees out-numbered the population of 53 countries of the world.

Rehabilitation Scheme during Fourth Five-Year Plan :

It includes the provision for maintenance of certain facilities in the colonies of resettled displaced persons and was also part of Plan Outlay. Only the expenditure on relief was to be met from outside the Plan.

A different approach is now being adopted. It has now been decided that <sup>the</sup> development plan of the Department of Rehabilitation should include the provision for only such items or activities as are strictly of a developmental character. The provision for the maintenance of existing services is to be met from the normal budgets of the Central and State Governments. The additional provision for services like education and health should also become part of the plan of respective States. In accordance with the approach, an allocation of Rs. 66.00 crores has been made during the plan period. This would provide for the resettling in agriculture and non-agriculture occupations of repatriates from Burma and Ceylon, <sup>and</sup> migrants from East Pakistan. Provision has also been made for schemes in progress such as Danda-karanya area development, having refugees and the rehabili-

tation industrial corporation. The special area development programme started in the Andaman Nicobar Island will also continue.

#### Rehabilitation and Development :

In its closing phases, rehabilitation of displaced persons takes the form <sup>of</sup> more and more of specific tasks remaining over from an earlier period and merges into the larger efforts to rebuild the economy of the nation, especially of those States and regions which have borne the greatest burdens. Within the expanding national economy greater integration between rehabilitation and development helps the speedy economic assimilation of displaced persons.

Almost fifteen years ago, the challenge of rehabilitation came with bewildering suddenness and immensity, and there have been critical moments since. Nevertheless, one by one, in the midst of the travail through which millions have lived and despite shortcomings, the major problems of the displaced persons are being resolved and the foundations of a new life well and truly laid.

#### (vii). Rehabilitation Assistance to Dependents of War Victims :

Recently it has been decided by the Government of India to provide rehabilitation assistance to dependents of war victims killed or disabled in military operations in the past twenty five years.

A Central Rehabilitation Organisation was envisaged in April 1972, to institutionalise whatever was offered in the announcements made in different quarters after the conflict with Pakistan in December 1971.

The Ministry of Defence feels that it is its responsibility to trace the affected families, but requires the co-ordinated efforts of the other departments of the Central Government, State Governments and units of Soldiers, Sailors and Airman's Board.

Under the present liberalised scheme of pensionary awards --- the last pay drawn by a Jawan for life and three fourths of the last pay drawn by a deceased officer --- will be payable to the family till the deemed date of retirement or for seven years whichever is later.

Besides cash, benefits in kind like Vocational Training and employment for war widows and educational concessions for their children, have to be administered to the rightful next of kin.

For the first time, the Soldiers and Sailors and Airmen's Board units at the State level are involved in such a nationwide effort to reach rehabilitation benefits to the 3,700 bereaved homes and the 1,200 whom battle wounds had invalidated out of services.

#### **Priorities :**

The State Governments too were induced to subjugate their local priorities to the immediate task of administering the assistance.



The work of contacting individual families was carried on by the women officers of Indian Administrative Service, Secretaries of Ex-Servicemen's Organisations and Regimental Teams. They sat with them and filled in their requirement forms to be matched later against their entitlement and relief offerings.

The Central Rehabilitation Organisation now has a folder on every family, also properly tabulated district - wise information about land available for their resettlement, training facilities for marketable products, educational institutions and employment possibilities.

The quantum of assistance offered by the State Government to supplement the benefits announced by the Central Government, varies according to their resources. The amount paid by the State Governments to each bereaved family ranges from Rs. 2,000/- to Rs. 5,000/-.

Madhya Pradesh, Bihar, Mysore and Nagaland have given houses worth Rs. 10,000/- to each bereaved family. House sites have been given free as homestead land.

In Uttar Pradesh, 285 war bereaved families have stipulated the need for accommodation. For them 42 tenements have been built and Rs. 47 lakhs set apart for housing projects.

Mysore has built 80 houses and West Bengal is offering housing on 30 to 40 year hire - purchase scheme.

Land allotment for cultivation has been completed in Rajasthan, Kerala, Tamil Nadu, Maharashtra and Madhya Pradesh. In Uttar Pradesh 128 bereaved families have been allocated land in their own villages so far.

According to a Government order, upto two dependents in war bereaved families will be given jobs without being routed through employment exchanges.

The Central Rehabilitation Organisation has job requests from 1,400 dependents, 450 of whom are illiterates.

#### Educational Facilities :

Education entitlement cards are enabling children of the deceased services personnel to study at educational institutions of their choice with their tuition fees, hostel charges and books and stationery fully paid for. About 1,396 entitlement cards have been issued so far for study in educational institution financed by the Union Ministries of Education and Defence. The Central Rehabilitation Organisation has been asked to activate the State Governments to ensure that these facilities are actually availed of.

The educational concessions will be inclusive of the first degree course and also care of those already in Post-Graduate classes.

Over 1,000 servicemen, expected to be permanently disabled, were interviewed in the hospitals. Four hundred job opportunities have been located for them and 139 self-employment agencies secured for them.

The rehabilitation of <sup>the</sup> disabled has become a live issue with the State Governments. They are being attached to military hospitals so that prospective employers are able to contact them in the least possible time.

Similar benefits have been extended to the families of Gurkha soldiers resident in Nepal. Rehabilitation assistance includes -

- (a) exgratia grant;
- (b) funds for education of children;
- (c) accommodation and vocational training centres.

#### (G). Medical Assistance :

Medical care facilities in different forms supported in whole or in part from public funds, staffed by a salaried personnel and intended mainly for low income groups are to be found in almost all countries. The services provided under medical assistance schemes by the State consist predominantly of hospitals and other residential care, the treatment of chronic diseases, and the care of mothers and children.

Hospital treatment :- Public hospitals for diseases in general, tuberculosis and mental diseases are, constructed by local governments, but they are often subsidised by the State; hospitals belonging to charitable bodies also are frequently in receipt of grants from public. It is a

universal practice of sickness insurance institutions to enter into contracts with public hospitals to provide treatment for insured persons, without charge to the latter. In some countries - for example, Denmark, Great Britain and Sweden -- treatment for venereal diseases is provided without charge to the patients.

Maternal and Child Health :- The health of mothers and children is usually the concern of two branches of social assistance; the one responsible for ante - natal supervision, obstetrical care and the supervision of infants in arms, and the other for the health of school children. Both branches are inspired by preventive rather than curative policies. In most countries maternal and child health, when not entrusted to compulsory sickness insurance, is still primarily in the hands of public health authorities, and secondarily dependent upon local charitable initiative. The last few years, however, have seen an intensification of State action in this field.

The care of mothers and infants is usually organised on the basis of local centres or clinics, staffed by doctors, midwives and nurses, and providing supervision, treatment and instruction, as well as special diet for the mother and milk for infants after weaning. Statutory provision for this branch of assistance, as distinct from poor relief, is still rare. Perhaps the oldest and certainly one of the most effective schemes is the one that has been established in

Britain in 1913. The scheme is administered by the county authorities, which receive a large subsidy from the State. The services provided comprise all those just enumerated, and, in particular, the supply of layettes and a woman to help in the home, accommodation in maternity hospitals, and the maintenance of day nurseries. Beneficiaries are required to contribute towards the cost of their treatment in so far as they are able. Similar schemes are spreading in the United States, with the encouragement of federal subsidies offered by the Social Security Act, 1935. Sweden by an Act of 1937, has consolidated and improved an older state provincial maternity scheme, and now assures every woman, throughout the country, of free attendance by a midwife or free confinement in a hospital. In the Soviet Union, specially in urban areas, where maternal and infants assistance is highly developed, these services are gratuitous.

Measures for protecting the health of school children extend beyond the sphere of medicine to those of nutrition and education. Here again early action was taken by Great Britain, which introduced State Subsidised Scheme of Medical Inspection and Treatment in 1921 and school meals in 1906, but such services were provided free of charge only in case of needy children. State Subsidised Scheme of School Meal is also a good example which has been found in our country.



### Development of Medical Care Services :

The Medical Care Recommendation, adopted by the International Labour Conference at Philadelphia in 1944, provides for two alternative methods of extending medical care to the whole population - (i) Social Insurance and (ii) Public Service. Under Social Insurance, every insured contributor is entitled, in virtue of his contribution, to medical care for himself and his dependents from the Insurance Medical Service; adults whose income is below the subsistence level and their dependents are entitled to care on the same footing as insured persons, the contribution being paid on their behalf out of public funds. Under Public Medical Care from the Service, without contribution or other qualifying conditions, the entire service is financed out of public funds, either from general revenue or by a special tax. The second form -- a public service available to all without contribution conditions -- lends itself to a complete integration with general health services, such as those for maternity and child welfare, inoculation, health education, and the like. The Conference may wish to consider which of these two forms, insurance or public service, is the more appropriate to conditions in Asiatic countries.

In view of the different nature of the problems involved, separate consideration is given to the organisation of medical care for the rural and the urban population.

Public Medical Care Service Suited to Indian Conditions :

Such an organisation, as *established* in China, Ceylon, the French Establishments in India, and Indo-China, and proposed by the Bhoré Committee in India, might consist of a network of health centres in villages, linked up with hospitals in small towns or large villages, chosen in relation to base, or central, hospitals in the cities. It could be integrated or co-ordinated with the organisation of general health care, and to some extent, with that of environmental hygiene, since general health care could be provided at or from the centres where medical care is given.

Even a cursory survey of existing conditions in the rural areas of Asiatic countries points to the conclusion that health problems should, in fact, be treated as one and indivisible. In the Indian villages the standard of sanitation is shown by the Bhoré Committee's report to be very low; water supplies are not everywhere protected from contamination; in most villages no system of collection and disposal of night soil exists; and no attempt has, on the whole, been made for the collection and disposal of household refuse.

In India (where there are similarly a number of old-style practitioners), the most recent statistics show one Doctor to every 6,300 of the population, one nurse to 43,000, one midwife to 60,000, one qualified Dentist to 3,00,000, one Health visitor to 4,00,000, and one qualified Pharmacist (not including compounders) to <sup>30,00,000 of</sup> ~~43,00,000~~ of the population.

Moreover, the time devoted to patients at Dispensaries is, according to the Shore Committee, "so short as to make it perfectly obvious that no adequate medical service was given to the people". In one dispensary visited by the Committee, the average number of cases seen in an hour was 75, and the time given to a patient therefore, averaged 48 seconds. The Committee's report emphasises the importance of training staff and constructing hospitals and health centres. During 1969-70, there were 2,61,200 hospital beds. In rural areas there were 4,998 Primary Health Centres as against 725 in March, 1956. The total number of Doctors, nurses and auxiliary non - medical personnel during 1969-70 was estimated at 1,09,000, 66,000, and 52,000 respectively. The target for these personnel under the Fourth Plan are 1,37,930, 83,000, and 70,000 respectively. Medical Schools are to be converted into medical colleges, and the qualifications required from doctors will be standardised. Facilities for training nurses are being extended by opening of new training centres and the establishment of preliminary training centres and the establishment of preliminary training schools.

These often inadequate health services are faced by an overwhelming task. Diseases, largely preventable, are widespread. In India, the number of deaths due to cholera

in the State of Bihar alone in the five years, 1940 to 1944 has been estimated at one million. The Bore Report, however, gives an annual average of 1,44,924 for the ten years, 1932 to 1941. At least 100 million individuals are believed to suffer from malaria every year and this disease is indirectly responsible, through lowering of resistance to other diseases, for 25 to 75 million cases of illness a year.

The average expectation of life at birth in India was 41.90 years for males and 40.60 years for females in *between* 1951-60; and 23 per thousand of all deaths occurred per annum according to studies based on census data for 1951 and 1961.

In view of these health and sanitary conditions, even a perfect and complete medical care service would be faced by the hopeless task of repairing damage constantly renewed, unless aided by an effective organization of general health care aimed at preventing illness and improving the state of health, and by measures of environmental hygiene laying the foundations for a healthy community life. Collective provisions must first be made for such elementary measures as the removal of refuse and night soil, a water supply protected from contamination, the prevention of malaria by the oiling of stagnant ponds or more modern methods, the cementing or asphaltting of village roads which now turn into puddles or rivulets in the rainy season, the ventilation of huts or houses to allow the smoke to

escape and the air to enter, the destruction of rats and vermin, and so forth.

Similarly, the benefits of a medical care service will be largely illusory without the organisation of maternity and child welfare services and of health education for mothers. It may be appropriate to mention, in this context, the school of thought which contends that more food and satisfactory control of infectious disease *would result in a further upsurge in the rate of increase* of the population, and that therefore, a campaign to bring about a change in outlook, especially as regards birth control, must take precedence. Numerous investigations into population trends have shown that the birth rate decreases in those areas and in those social classes where the standard of living is rising, provided that young children are not treated as an economic asset but are kept at school by compulsory education laws. A rise in the standard of living brings a desire for greater comfort, health and personal culture, and a recognition of the dependence of these advantages on the size of the family. Other phenomena of a rising standard of living which tend to moderate the birth rate are the economic and mental emancipation of women and the sublimation of more elemental instincts at work and in cultural, economic, political and artistic pursuits. Realisation of the immense importance of health for personal and family well-being is one of the first pre-requisites for the attainment of a higher standard of living that will eventually, result in birth control. A



more powerful motive may be the desire of parents, once they believe in a better economic future, to give their children a decent education in order to take advantage of the prospect. It must therefore, be one of the primary tasks of any health service to further the education of mothers in regard to hygiene, more rational nutrition and, in general, the methods of making the best possible use of the means at their disposal.

Direct preventive measures such as vaccination and inoculation must also buttress the medical care service if this is not to be rendered ineffective in the face of epidemic or endemic disease. Thus, community structure, health conditions and the general lack of health facilities in rural Asia would seem to create a strong presumption in favour of a public medical care service, for which the criteria are defined by the Medical Care Recommendation, 1944, paragraph 10, as follows : "where the whole of the population is to be covered by the service and it is desired to integrate medical care with general health services, a public service may be appropriate".

#### Suggestions for Development :

The first step in the development of a public health service would be the training of greatly increased number of medical and other health personnel, without whom no care can be provided. Such training might be the responsibility of the Central Health authorities -- federal, state or

provincial, as the case may be -- which would finance the training of doctors, nurses, dentists, midwives and pharmacists, on condition that they subsequently accept employment in the public health service for a minimum number of years and agree to practise in rural areas. The principles of paragraph 68 of the Medical Care Recommendations, 1944, would be applicable; it stipulates that "students of medical and dental professions should, before being admitted as fully qualified doctors or dentists to the service, be required to work as assistants at health centres or offices, especially in rural areas, under the supervision and direction of more experienced practitioners". During a transition period, recourse might be had to the services of semi-trained staff, such as "feldschers" and "compounders". The second step would be the extension or establishment of medical facilities in selected areas as outlined below, until, eventually, the service would have attained an adequate standard throughout the country.

#### The Organisation of Health Services :

In a number of Asiatic countries, a public medical care service already exists, if only in an early stage, and in some instances, general health care, such as maternity and child welfare, vaccination and inoculation, and health education, is combined with medical care in one and the same service.

Under the Government of India Act, 1935, the responsibility for providing medical care, including the establishment and maintenance of hospitals, clinics and asylums, as well as that for providing general health care, including medical education and sanitation, is placed on the provincial Governments. The Central Government is charged with international health obligations, control of the inter-provincial spread of disease, medical care for seamen, and a number of other special items. The Central and the State Governments each have a Minister of Health at the head of the medical care service and a public health officer responsible for general health care and sanitation. The Minister of Health of the Central Government, a Central Advisory Board of Health, including among its members the State Ministers of Health and representatives of a number of Indian States, co-ordinate the health activities of the Central and State Governments. Hospital and Health Centres in most provinces provide free care for the population, but accommodation is not as a rule sufficient in view of the demand.

Provincial Self-Government Acts in India determine the duties and powers of local boards, which, in rural areas, are set up for parts of a district area; again, village "Panchayats" (village authority) or Union Boards have certain health functions under the control of the District Board. The local authorities have powers in respect of sanitation, control of infectious diseases, registration of vital statistics, control of food and water supplies,

and regulation of housing construction. They appoint their own health officers, subject to previous approval by the Provincial Government.

The weakness of this local organisation, in the opinion of the Shere Committee, lies in the limited financial resources available to the Health Services, and in the delegation of executive power by the local authorities to an elected Chairman, "who often finds himself powerless to enforce the law against vested interest, in the absence of a public opinion sufficiently strong to demand such action in the interests of the community". Moreover, the fact that the local Health Officers and the Provincial Director of Public Health can only give advice to the Chairman of the local authority, but cannot enforce their recommendations, helps to bring about a low level of efficiency. In Tamil Nadu, these defects were remedied by vesting the executive power in health matters in the local health authorities rather than in the Chairman of Municipalities, and the power of general administration in Commissioners appointed by the State Government. The Director of Health Services was given authority to enforce the execution of his recommendations by the local authorities. Municipalities have to set aside 30 percent of their revenue for health purposes, and District Boards 12.5 percent. In Maharashtra State, the organization of medical care outside Bombay City is based on District Hospitals subsidiary Government - aided Dispensaries, and supplemented by a



system of subsidised medical practitioners attending to the rural population in the district. To the District Hospitals are linked, for the supply of specialist care, the smaller hospitals and dispensaries of the local bodies, such as District Boards and Municipalities. Existing rural ~~rural~~ dispensaries give mainly out-patient care, and are equipped with a few beds for emergency cases. The Doctor is aided by a Compounder and two servants.

The Bhore Committee has recommended a 40 - year programme, paying special attention to the needs of rural districts and providing for the establishment of a complete free health service available to the entire population, and a 10 - year programme on similar lines but limited in scope by the financial resources and trained personnel at present available. Under this plan the Ministries of Health are the ultimate authority for all health services within their jurisdiction. At both levels of administration, the department of health is under the direction of one administrative officer; the Director - General of Health Services for the Central Government, and the Director of Health Services for the States. At the local level, health services are organized on the basis of administrative districts under an officer responsible for all services in his area. A council of experts, including representatives of the medical and allied professions, provides technical advice to the Minister of Health, and District Councils of Experts aid the District Health Board, on which health authorities and the people are represented.



The 40 - year programme of the Shore Committee is based on hospital - health centres providing both medical care and general health care. In the opinion of the Committee, medical care should be available free to all and financed by general and local taxation; the Central Government, with its larger resources, should give financial assistance to the provincial health schemes.

The Central Government and the provincial Governments have elaborated, and begun to carry out, comprehensive five - year plans of social and economic policy. Central grants will be given to the Provinces on certain conditions, the most important of which stipulates that the schemes under each head shall form part of a policy or plan approved generally by the Government of India.

As an inducement to the less well-to-do members of the middle classes to have themselves treated, all out - patient care given by the public assistance services is free of charge, as also in - patient care in the public wards of the hospitals and maternity homes; and no means test is required.

Curative and preventive action against sickness and epidemics (by vaccination, etc.) is usually undertaken jointly by the public hygiene and health services. There is a system of medical inspection of school children in the larger towns most of which also possess municipal hygiene services.

The existing organisation of health services in our country would appear to favour a combination of all health services in one organization. Such organisation would be based on hospitals and health centres under the supervision of Central or State authorities, as the case may be, but would rely upon local co-operation of the people for its day-to-day administration. "No permanent improvement of the public health can be achieved", the Bhoré Committee in India maintained, "unless the active participation of the people in the local health programme is secured"<sup>43</sup>.

In fact, paragraph 34 of the Medical Care Recommendations, 1944, stipulates that - "where no adequate facilities exist or where a system of hospitals with out - patient departments for general - practitioner and specialist treatment already service is introduced, hospitals may appropriately be established as, or developed into, centres providing all kinds of in and out - patient care and complemented by local outposts for general practitioner care and for auxiliary services".

These medical care services would be combined with general health services, in accordance with paragraphs 44 and 45 of the Recommendations "by establishing common centres

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43. Report of the Health Survey and Development Committee, op. cit. Vol. IV, pp. 13 - 14. Each village should, according to the Committee, have a Health Committee of Voluntary members taking an active part in the administration of health services.

as Headquarters for all or most health services". The doctors, nurses and other staff participating in the medical care service and working at Health Centres would "undertake such general health care as can with advantage be given by the same staff, including immunisation, examination of school children and other groups, advice to expectant mothers and mothers with infants and other care of a like nature".

The local administration of medical care and general health services should be unified or co-ordinated within areas formed for the purpose and sufficiently large for a self-contained and well-balanced service by one area authority. Such administration should be carried out by or with the advice of bodies representative of the beneficiaries, and partly composed of, or assisted by, representatives of the medical and allied professions, so as to secure the technical efficiency of the service and the professional freedom of the particular doctors (Medical Care Recommendation, 1944, paragraphs 24, 104 and 105).

The view expressed by the Blore Committee that a salaried medical staff would appear in the most appropriate solution in an Indian public health service covering the whole population is in accord with the provisions of the Recommendations : paragraph 57 stipulates that Doctors and Dentists working for a medical care service covering the whole population may appropriately be employed whole-time for a salary.

Health work at village centres might, with advantage, be combined with work for the improvement of rural conditions in general, much on the lines of the work of the Rural Reconstruction Department created by the Government of the Punjab in 1933.

According to the report on its work during the period April 1940 - June 1944, the Punjab Rural Reconstruction Department co-ordinates the work of different departments and promotes, through propaganda and otherwise, such health measures as vaccination, control of mosquitoes, ventilation, village sanitation, and agricultural improvement through the conservation of manure, the distribution of good seeds and the popularisation of newer and better crops, the fighting of insect pests and plant diseases, livestock breeding, the organisation of the sale of milk and ghee in towns, afforestation and improvement of grazing areas, as well as the encouragement of cottage industries and education of girls. The work is done by means of films, plays, records, pictures, exhibitions, competitions, etc. Village welfare workers are trained by the Department and posted in villages.

#### Financial Aspects :

Distribution of Wealth : Community structure, health conditions, and the type of existing health facilities in rural Asia have been found to favour a unified health service providing both medical care and general

health care for the rural population. Now, in practice, could an adequate service of this kind, and more particularly the medical care part of the service, be financed? The per capita income in our country is very low, especially for the rural population. Social assistance granted on the basis of means test, on the other hand, would involve enquiries into the means of each applicant, but since it is known that the majority of the population would satisfy the means test, this would be redundant<sup>n</sup> for all practical purposes.

A public service available without contribution conditions or means test and financed out of public funds would therefore, appear the most reasonable solution.

Earmarking of Financial Resources : The next question, however, is how to raise the funds required to finance such a service, in view of the generally low income of our country. The funds at present available for financing general health and medical care services have as a rule proved insufficient for the maintenance of an adequate standard of efficiency, and supplementary resources must therefore, be found if health services are to be gradually improved and extended. The Shore Committee recommended that every municipality in India should earmark not less than 30 percent of its income from all sources other than Government grants for expenditure on medical and general health care, and every District Board or Panchayat not less than 12.5 percent of its income, and that Government should



be obliged to spend not less than 15 percent of their revenues on health activities. In Maharashtra State, a scheme has been introduced under which medical practitioners are subsidised by the government on condition that they practise in rural areas. Each subsidised medical practitioner regularly visits three or four villages on definite days of the week. For this 333 such Centres had been sanctioned by the government and more are to be established. The reconstruction schemes of the State of Maharashtra moreover provide for the improvement of district headquarters hospitals at a cost of Rs. 16,00,000 rupees; the total cost of the new health scheme is estimated at 60,36,000 rupees capital expenditure and Rs. 37,54,000 recurring annual expenditure.

The financing of the medical care facilities in towns and cities by a special health tax on income above the subsistence level would be facilitated as a result of accumulation of wealth in large cities.

In the West, and more particularly in Europe, medical care for wage earners has been provided largely through the agency of social insurance schemes, which were grafted on existing private medical practice and made use of public and voluntary hospitals for the hospitalisation of insured persons and their dependents.

Public Medical Care Services :

A brief study of the structure of population, health conditions and health facilities, the existing provisions for health, and the tendencies prevalent among experts as well as financial considerations, would appear to favour the establishment of a public medical care service, integrated or closely co-ordinated with the provision of general health care and environmental hygiene, rather than of a system of social insurance. The alternative of a social insurance service pre-supposes a standard of living under which a majority of the population enjoy an income, largely in cash, above the subsistence level; an ample supply and adequate distribution of doctors already established in practice; and, so far as industrial workers are concerned, stability of employment. None of these conditions are fulfilled in the majority of Asiatic countries. A means test, on the other hand, would appear redundant in view of the low standard of living of the majority both of the rural and of the urban population, which leaves little doubt as to their inability to pay for medical care. The need for health protection, moreover, is universal, and calls for a form of organisation embracing the whole population, and the removal of all barriers that tend to withhold care from those who need it.

The wealthier classes, including more particularly employers, merchants and landowners, may be called upon to

make the major contribution to the cost of the health service not only by way of ordinary taxation but in the form of a health tax specially earmarked for medical care. They will be entitled to avail themselves of the medical care service and will actually do so once the standard has been raised to such a high level of efficiency as to make practice and nursing facilities redundant. At the same time, all self-employed persons, whether farmers, wage earners, shop-keepers, artisans or others, whose income in kind or in cash is in excess of the subsistence level could be called upon to contribute a health tax towards the cost of a medical care service. The proceeds of this health tax would be used for the improvement and extension of a medical care service available free of charge to all residents. In addition, a prescribed part of the general revenues of central, provincial, State and local authorities, increasingly larger as the national income rises, would be set aside for financing the Central services, such as general hospitals, health centres for specialist treatments, and special institutions for infectious diseases, tuberculosis and mental cases, and to meet the expenses of central administration.

This form of medical care service has the following main features :-

(1) Every member of the society is entitled to such services provided by the public medical care institutions

without any qualifying conditions as to the payment of contribution and without means test.

(2) Such services are financed either by ear - marked taxes as in some foreign countries or out of general revenue.

Outlays on Public Health and Medical Programmes during Third & Fourth Five-Year Plan (Proposed) :

The outlays on public health and medical programmes proposed for the Fourth Plan and the expenditure during the Third Plan and 1966-69 are given below :

TABLE No. XIX.

Outlay on Public Health and Medical Programmes during Third and Fourth Plan (Proposed).

Period.	Central.	Centrally sponsored.	States.	Union territories.	Total.
(Rupees in million)					
Third Plan.	148.3	54.6	1,932.4	123.3	2,258.6
1966-69 (Anticipated).	167.6	111.4	1,052.4	69.7	1,401.1
Fourth Plan. (Proposed).	535.0	1,765.0	1,882.1	192.9	4,375.0

The proposed amount of Rs. 4,375.0 million has been distributed in the following manner :

TABLE No. XX  
Distribution of Outlays for the Fourth Plan.

Sl. No.	Item.	Outlays.
(Rupees in million).		
1.	Mental Education and Research (including Dental). ...	892.9
2.	Training Programmes. ...	129.3
3.	Control of Communicable diseases.	1,270.1
4.	Hospitals and Dispensaries. ...	897.7
5.	Primary Health Centres. ...	764.9
6.	Unorthodox System of medicine...	162.6
7.	Other programmes. ...	287.5
T O T A L		4,375.0



**(H). SOCIAL WELFARE SERVICES:**

The services of the Welfare Board which are rendered in different fields of the society are included in the present study. As a matter of fact these services are provided either by some specialised institutions or by some recognised Social Institutions which have been established voluntarily for such purpose. Some of the important services of the Welfare Board are discussed below :-

**(1). General grant-in-aid programme :**

For the welfare of women, children, the handicapped, the aged and the infirm and other ~~weaker~~ weaker sections of population the voluntary institutions are given grants under general grant-in-aid programme by the Social Welfare Board. Under the existing programme grants are given to the following persons and institutions:

(a). Residential institutions for the care, protection, training and rehabilitation of destitutes and rescued women and those in distress;

(b). Maternity centres in places where such services are not easily available and hostels for working women of low income groups;

(c). Social education, craft and recreational activities for women;

(e). Institutions and hostels for handicapped persons, deaf and dumb, blind, mentally retarded, orthopaedically handicapped; and

(f). Homes and clubs for the aged and infirm-

Institutions dealing with Social Welfare Services are eligible for financial assistance, subject to the following basic conditions :-

- (1). It should be registered under an appropriate Act, or should be a regularly constituted branch of a registered welfare organisation (mere affiliation to a registered body or recognition by the Central/State Government will not suffice for this purpose);
- (2). It should have a properly constituted managing committee with its powers, duties and responsibilities clearly defined;
- (3). It should normally have been engaged in social welfare work for a minimum period of three years prior to the date of application for a grant from the Board;
- (4). It should have facilities, resources, personnel and experience enough to initiate the activity for which the grant is required;
- (5). Its work should be reported as satisfactory by the State Board;
- (6). It is not run to give profit to any individual or group of individuals except co-operatives;
- (7). Its financial position should be sound enough and it should be in a position to raise such additional funds as

may be required to complete a programme for which assistance is given by the Board; and

(8). It should be open to all citizens of India without any distinction of religion, race caste, language.

(2). Condensed Course of Education :

In 1958 the Social Welfare Board was organised a scheme of condensed education specially for adult women. The main object of this scheme was to provide specialized training to mature women and provide them employment in these positions. During the period of the Second Five-Year Plan it was realised that a large number of trained women workers like gramsevikas, nurses, mid-wives, balwadi teachers, primary schools teachers, dais and welfare workers were required for the implementation of the plan programmes specially in the rural areas.

(3). Socio-Economic Programme :

Under the existing programme, physically handicapped persons and needy women are provided with opportunity for work and wages by giving them training and employment facilities in the production units of small and cottage industries. The scheme was started in 1958 and since then 90 units were sanctioned till the end of Third Five-Year Plan for providing employment facilities to nearly 33,000 women.

At present the following schemes are being implemented under the programme :

(i). Production units falling under small industries (such as units for production of educational equipment, wooden toys and articles, printing, book-binding, stationery articles, industrial gloves, chalks and crayons, electroplating work, fruit preservation, leather articles, holdalls, canvas bags and ready-made garments etc.;

(ii). Units as ancillary to large industries;

(iii). Handloom training-cum-production units; and

(iv). Handicrafts procurement/production units and training centres (such as cane and bamboo - articles, mat weaving, screw pine embroidery, traditional embroidery work, sari work, toys and dolls, etc.).

#### (4). Welfare Extension Projects (Rural) :

One of the functions of the Central Social Welfare Board is to promote the setting up of social welfare organisation on voluntary basis where no such organisation exists. From the experience gained during the initial period of work, the Board considered it necessary to develop the programme of services for the rural areas by starting a series of projects for the welfare of women and children. The basic idea underlying the scheme was :-

(a). To provide basic minimum special services to women and children which were then of pioneering nature in rural areas; and

(b). to create an organisation known as Project Implementing Committee which could ultimately be converted into a local voluntary Organisation to take over the programme of the project.

The following projects are very important under the Welfare Extension Schemes :-

(a). Welfare Extension Projects (original pattern) :

The scheme of Welfare Extension Projects in the rural areas was originally started in November 1954. This programme aimed at providing Balwadi (Combination of Creche and Pre - Primary School) for the children, craft activities, social education and maternity services for women, recreational programmes, sanitary drives, cultural activities etc. for rural population. These activities were organised in five centres in a contiguous area covered by about 25 villages.

(b). Family and Child Welfare Projects :

It was based on the recommendations of the Committees on child care and evaluation of Welfare Extension Projects appointed by the Central Social Welfare Board. The scheme of Family and Child Welfare was prepared in 1964 and it was reviewed by a study group appointed by the Planning Commission. After a series of meetings and discussions held with the representatives of Department of Social Welfare, Department of Community Development, Ministry of Finance,



the Chairman, Central Social Welfare Board and the Chairman of the State Social Welfare Advisory Boards, the scheme of Family and Child Welfare got the seal of approval of *the* Government of India in 1967 and was inaugurated on the 14th November, 1967 all over the country as a Gandhi Centenary Year Programme. It is the largest single national programme directed towards the welfare of women and children, specially in rural areas. In the ordinary course, development programmes reach this group only indirectly and the needs of women and children do not receive continued and systematic attention. Even the schemes specially sponsored for women and children in the past have not been sufficiently comprehensive. While the scheme of Welfare Extension Projects provide services for women and children and the Demonstration projects for children only aiming at integrated development of children, a family and child Welfare Project aims at the integrated development of pre-school children and for this purpose provides training to young mothers in homes - craft and mother-craft as also making available such existing services in the community development blocks as are necessary for the proper growth and development of children and general well-being of the rural family. The family and Child Welfare Programme is, therefore, to be developed as a vital part of the welfare of the rural community as a whole, in which the community itself assumes a steadily increasing role and accepts responsibility. The scheme aims at -

(a). Providing integrated services to children in the villages specially those in the pre-school stages;

(b). Providing basic training to the women and young girls in home craft, mother - craft, health education, child care and essential health and maternity services for women;

(c). Assisting women in the villages through Mahila Mandals and specially established centres as well as existing agencies for obtaining supplementary work and income, thus augmenting family welfare; and

(d). Providing cultural, educational and recreational activities for women and children.

The organisational set-up to achieve these goals has been devised in consultation with the Government of India and the Planning Commission. The plan of the operation has been drawn-up in co-operation with the UNICEF which has entered into agreement with the Government of India to assist in this programme.

A special Functional Committee of the Panchayat Samiti is in charge of the day-to-day management of this programme. The Chairman of the Panchayat Samiti is the Chairman of the Functional Committee and a non-official woman social worker proposed by the State Social Welfare Advisory Board in consultation with the Panchayat Samiti would work as Functional Vice-Chairman. The remaining members of the Committee are proposed in equal numbers both by the Panchayat Samitis and the State Social Welfare Advisory Board. In States, where Panchayat Raj has not come into operation, this Committee is

set-up under the auspices of the Block Development Committee or a similar Committee established by an order of the State Government.

A Family and Child Welfare Project consists of one main centre and five sub-centres. The main centre consists of two parts - (a) the Grah Kalyan Kendra and (b) Balvikas Kendra. While the first one caters to the needs of the women, the second to overall development of pre-school children. The Grah Kalyan Kendra offers education in personal hygiene, health and sanitation, home-craft, home-management, mother-craft, nutrition, family planning etc., and would also serve as a demonstration-cum-training centre for young mothers. The five sub-centres are only replicas of the Balvikas Kendras at the main centre.

State-wise distribution of projects and Centres are given in the appendix 4.

(a). Holiday Camp for Children :

The programme of Holiday Camp for Children was started in 1958 as a special scheme under the General Grants-in-aid programme. Under this scheme, assistance is extended to voluntary organisations for arranging camps for children to low income group families. Each Camp is organised for about 50 children, both boys and girls for 15 days. Maximum financial assistance of Rs. 3,000/- is made available for each Camp. These Camps strive to inculcate in children, a spirit of group living, initiative and self-reliance besides

providing a sense of freedom, fun and relaxation that has a tremendous influence on the mind of a child. These camps can also be made into an educational experience - an education in assuming leadership, accepting responsibilities, adjusting to group situations, developing a capacity for give and take and also learning so many new things.

An amount of Rs. 39.92 lakhs was sanctioned for the period from 1959-60 to 1968-69 for 1,471 Holiday Camps of which 1,296 Camps involving an amount of Rs. 34.50 lakhs were organised benefiting 59,967 children.

The Indian Council for Child Welfare organised a Children's International Fair in New Delhi in October/November, 1969, in order to enable children from different States to participate in this fair. A higher grant not exceeding Rs. 5,000/- as against the normal ceiling of Rs. 3,000/- per Holiday Camp to a voluntary organisation, was given by the Central Social Welfare Board to cover the cost of travel and the high cost of living in Delhi. Children from 23 States participated in the Fair. Grants for 28 such Camps involving an amount of Rs. 1.25 lakhs <sup>was</sup> sanctioned benefiting about 1,400 children from various parts of the country including remote areas such as A & N Island, NEFA, Nagaland, Manipur, Tripura, Goa, J. & K., Pondicherry and Assam.

During the year 1969-70, a total amount of Rs. 6.20 lakhs for organising 226 Holiday Camps was sanctioned.

A sum of Rs. 6.28 lakhs was released for this purpose (including the special grants for camps for Children's International Fair).



(d). International Pre-School Projects in Urban Areas :

This programme seeks to provide basic amenities necessary for the growth and development of children in slum areas and areas predominantly populated by the low income groups.

This scheme was put into operation as a pilot project in 1964 when five projects were started in the States of Tamil Nadu, Kerala, Rajasthan and Union Territories of Chandigarh and Delhi. During the subsequent years, the scheme was extended to seven more States viz., Gujrat, Assam, Uttar Pradesh, West Bengal, Mysore, Madhya Pradesh and Haryana. An amount of Rs. 5.04 lakhs was sanctioned for the period from 1964-65 to 1968-69.

Eleven projects were functioning in ten States and grants amounting to Rs. 1.09 was released during the year 1969-70. About 800-1,000 children were benefiting daily from this programme.

A list of the institutions running this programme for 1969-70 is supplied in the Appendix IV

(e). Foster-Care Services :

The philosophy behind the Foster Care Service was that Children who were affected due to desertion, divorce, long-illness of either parent, imprisonment or death of a parent or parents, should be provided with a substitute home called a 'Foster Home' where they could find love and emotional security for their growth to lead a normal adult life.



Two pilot projects for providing these services were started in Madras and Bombay in 1964-65 under the supervision of - (i) Seven Samajam Boys and Girls Home, Madras, and (ii) Family Service Centre, Nirmala Niketan, Bombay. Another project was started during the year 1969-70 under the supervision of Maharashtra State's Womens' Council, Bombay. Thirty to forty children were placed in these Homes.

A sum of Rs. 75,450 was sanctioned, of which an amount of Rs. 34,400 was released for these Homes during the year 1969-70

**(f). United Nations Children Fund (UNICEF) Assistance for Family & Child Welfare Programme :**

According to the agreement between the Government of India <sup>and</sup> <sup>the latter</sup> UNICEF, had agreed to provide the following assistance for the promotion of Family and Child Welfare Programme. Assistance offered by UNICEF is meant for two purposes :-

- (i) Organisation of Family and Child Welfare Programme;
- (ii) Training of personnel required to man the family and child welfare projects.

In respect of (i) the UNICEF has agreed to provide <sup>the</sup> following assistance :-

(a) Equipment for the main centre and sub-centres of a Family and Child Welfare Projects for home-cookery, home-laundry, home-craft, home-gardening and child care

and play materials. Equipment for 100 projects was supplied by UNICEF till March 31, 1970 of which 50 were conducted in 1968-69 and 50 in 1969-70.

(b) Vehicles to the State Board for supervising the work of Family and Child Welfare Projects: Twenty vehicles have been provided to twenty State Boards till the end of March 1970 (10 during 1968-69 and 10 during 1969-70).

(c) Scooters to Mukhya Sevikas (one Scooter per project) for supervising the work of sub-centres : Ten scooters have been provided to six projects till 31st March, 1970.

(d) Bicycles to Griha Sevikas and Balsevikas: Seven Bicycles are being provided to each project for the use of Balsevikas and Griha Sevikas for undertaking extension work in the project. Five hundred and sixty bicycles have been provided to the projects till the end of March, 1970 (189 during 1968-69 and 371 during 1969-70).

As regards (ii) the specific objective of UNICEF assistance is as follows :-

(i) To promote and assist programme of training of personnel of various categories at levels responsible for implementing the Family and Child Welfare Programme including the training of instructors in order to achieve and maintain the needed quality and standard of services offered.

(ii) To develop suitable literature and material including records and audio-visual aids for purposes of training the supervisors and the functionaries administering the programmes and for village women and children benefiting from it.

Nature of Assistance :

The UNICEF Assistance for the above mentioned purpose are in the form of (i) Cash, (ii) Kind, and (iii) Technical Advice/Guidance. The Cash Assistance comes in the form of stipends, T.A. and D.A. to trainees of various categories under the scheme who are responsible for direct implementation and supervision of the programme.

The Assistance in kind may be classified under two categories :-

- (a) Teaching equipment including books;
- (b) Vehicles including scooters, bicycles etc.

The UNICEF assistance has been utilised for the purpose for which it was given.

With reference to objective (ii) a modest beginning is proposed to be made by the Central Board in co-operation with the Family and Child Welfare Training Centres through organisation of Workshops.

The technical advice of WHO & FAO had been made available by UNICEF through their respective established channels while framing syllabi for various training courses.

(I). GENERAL ASSISTANCE :

For meeting the immediate need of the population on account of natural calamities in which there is heavy loss of the property, human life and other things, Schemes relating to general assistance have been implemented. Here once

again the responsibility of the government is to provide immediate relief measures to the affected persons irrespective of their caste, creed, status and income. The need of general assistance was felt first of all in the United States of America in 1933 and later on it spread to other parts of the world in different shapes.

In our country relief under general assistance was granted by different levels of governments in various forms. Such relief was granted to meet immediate needs, and to maintain a minimum required subsistence with a view to provide residual help to the victims of natural calamities. In this manner the basic object of social assistance is fulfilled. As it has already been mentioned the main principle on which social assistance is granted is to save persons from perishing. The concept of general assistance in this respect satisfies the notion of social assistance, and as such it may be one of the important forms of social assistance which have not yet emerged in the minds of experts on the subject in our country.

Some of the important relief measures which are in operation are discussed here to give a clear understanding of the subject matter -

1. Drought relief;
2. Flood relief; and
3. Prime Minister's National Relief Scheme is also there to provide relief to the affected persons of natural calamities.

**(1). Drought Relief :**

Constant famine has been considered as one of the important causes of economic dislocation. During the British period a Commission was appointed in 1878 to enquire into the problem. It drafted the Famine Code which was formalised in 1883. This laid down the procedure to be followed by the government machinery at the first sign of scarcity conditions in any area. Periodic studies have also been undertaken to modify the scarcity relief measure. The erratic nature of the monsoon with long dry spells and high temperatures, spells drought and scarcity conditions in the country which require immediate help and assistance from the government as a relief measure. Drought damage and relief in the recent years has been shown in the following table.

**TABLE XXI.****Drought Damage & Relief in Different Years.\***

Year.	No. of persons affected.	People granted gratuitous relief.	People fed by care in drought affected states.	People employed in relief work.	Central Government Assistance.
1968-69.	6.31 Crs.	1,94,000	14,50,000**	16,00,000	106.00 crores.
1969-70.	5.53 Crs.	34,000	9,85,000	22,80,000	89.52 crores.
1970-71.	1.6 Crs.	---	17,20,000	4,24,000	40.22 crores.

\*Times of India Directory & Year Book, 1972, pp. 70.

\*\* The figure includes - (a) 11,00,000 persons from Andhra Pradesh  
 (b) 7,00,000 " " Mysore  
 (c) 2,00,000 " " Rajasthan  
 (d) 4,50,000 " " Uttar Pradesh.



The year-wise (1966-1971) Central assistance to affected areas have also been shown in the following table.

**TABLE XXII.**  
**Year-wise Drought Relief.**

<u>Year.</u>	<u>Central Assistance.</u>	<u>Rs.</u>
1966-67.	...	82.00 Crores.
1967-68.	...	76.00 "
1968-69.	...	106.00 "
1969-70.	...	89.52 "
1970-71.	...	* 40.22 "

Most of the Central assistance is in the form of temporary measures on an ad-hoc basis, aiming at maintaining the purchasing power of the affected population and keeping idle land - labour occupied.

Such measures comprise construction and improvement of minor irrigation works like wells, tank<sup>s</sup>, soil conservation by contour bunding, improvement by irrigation channels, <sup>f</sup>orestation, construction and improvements of roads besides granting gratuitous relief and loan. But no long term benefit accrues from these ad-hoc measures; a lot of money is spent every year on feeding the affected population and in providing them short-term employment and gratuitous relief wherever necessary.

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\* 1970-71 Being a bad year, drought relief normally amounts to around Rs. 100 crores.

Measures suggested :

Extensive and varied surveys in the draught affected areas need to be undertaken. Construction of Dam and Lift Irrigation Schemes should also be given priority. Drought can be fought effectively if major and medium scale irrigation and tube-well schemes are implemented. Development and spread of dry-farming techniques, use of high yielding varieties, fertilisers and plant protection measures should also be evolved. Varieties of crops that withstand drought, could also be encouraged. Recently <sup>the</sup> Indian Council of Agriculture Research has also set up 24 dry farming research stations in different parts of the country.

(2). Flood Relief :

The Monsoon in India is erratic and its intensity variable. Hence all places cannot be protected against floods at all times. However, some work has been done towards flood control since 1954, when the National Flood Control Policy came into being.

Flood Damage :- Since 1953 it is revealed from the available statistics that <sup>the</sup> annual average damage caused by floods may amount to Rs. 100.00 crores. From 1953 to 1970, 6.39 million hectares area; 17.17 million population; 2.44 million hectares cropped area costing Rs. 696.63 million; 607,769 number of houses <sup>were</sup> damaged and affected by the floods. Similarly about 43,371 cattle, 720 human lives were also lost.

in the floods. In 1970-71 and 1971-72 the damage amounted to Rs. 286.80 crores and 400.00 crores respectively. The following table shows average flood damage since 1953 in our country.

TABLE XXIII.

Average Flood Damage.

<u>Item.</u>	<u>Damage.</u>
1. People affected. ...	17.17 Million.
2. Total area affected. ...	6.39 " Hectares.
3. Cropped area affected. ...	2.44 " "
4. Value of damaged crop. ...	696.63 " Rupees.
5. No. of damaged houses. ...	607.769.
6. Value of houses damaged...	148.29 " "
7. No. of cattles lost. ...	43,371.
8. Human lives lost. ...	720.
9. Damage to public property.	133.72 " "

Flood Control Measures :

After 1954 a comprehensive National Flood Control Policy came into being. It was implemented in three stages -

- (1) Immediate measures : which needed to be completed in two years or so;

(ii) Short-term measures : which included the construction of channels, diversion of the flow of water, raising of low-lying villages, construction of more embankments, and protection of ~~more~~ towns threatened by floods.

(iii) Long-term measures : includes storage reservoirs, detention basins, additional embankments, channels, diversion and protection of towns.

The outlays in different Plans have been shown in the following table.

TABLE XXIV.

Plan Expenditure on Flood Control (I - IV Plans).

<u>Plan.</u>	<u>Money Spent.</u>
	<u>Rs.</u>
1. First Five-Year Plan. ...	133 Million.
2. Second Five-Year Plan. ...	499 "
3. Third Five-Year Plan. ...	866 "
4. Fourth Five-Year Plan. ...	1430 "
5. 1966-69. ...	438 "
6. 1969-71. ...	433 "

By now, Rs. 2,250 million have been spent to protect 25% of the flood prone area. An outlay of Rs. 10,000 million is needed to protect most of the areas which are normally affected by floods.

**(3). Prime Minister's National Relief Fund**

From November, 1947, when the Prime Minister's National Relief Fund was started, upto the end of January, 1971, public contribution to the fund amounted to Rs. 3.30 crores. Over Rs. 3.17 crores was utilised in providing relief to people affected by natural calamities such as earth-quakes, floods, cyclones, droughts, famines and fire. Relief was also given in the early stages to displaced persons from Pakistan, and after the National Emergency, to people affected in border areas.

A separate account was set-up for relief to people in border areas affected by the Chinese aggression. Upto the end of January 1971, about 2.49 Lakhs had been received and Rs. 5.63 Lakh disbursed.

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**PART - THREE**

**FINANCING AND ADMINISTRATIVE SYSTEM OF  
SOCIAL ASSISTANCE.**

CHAPTER IVFINANCING OF SOCIAL ASSISTANCE SCHEMES.(1). Problems Related to Financing of the Schemes :

The problem of financing of a scheme which is of social assistance in nature is indeed, a great hurdle in the way of its successful implementation specially in the under-developed countries where there are already a good deal of other social problems requiring urgent attention. It is only because of paucity of financial resources that these problems are prevailing there. A country like India, where the implementation of these schemes are<sup>is</sup> supposed to be quite important, can only stand within reach of success if they are implemented where they are required with a sufficiently sound financial background and that can only be done if the policy of financing of these schemes is very effective and suited to our developing economy.

As it is quite obvious these schemes are implemented by the Government and other social institutions specially for the poor and needy section of the population, and the entire burden of cost for having such remedial social assistance measures falls on the state exchequer, as they are

being financed by the general revenues of the State. The question of having sufficient revenue may probably solve the problem of financing them. All the under-developed countries which have social security measures in the shape of social or public assistance for covering<sup>a</sup> number of social risks or for assuring a particular type of benefit to the needy persons, have to solve some problems of financing of the scheme. They are as follows :-

- (a) What should be the type and nature of taxes which would be levied ?
- (b) Prediction of cost of the schemes in different years; and
- (c) What should be the proportion of cost which much be borne by the different levels of the government (States share of total cost) ?

The solution of these problems may be quite acute and complex with the increase in the number of social assistance measures. Even in the case of social insurance where the cost of benefit is shared by the workers and employers with State participation may be quite a feasible solution of financing if only one programme is in existence, but it may become quite<sup>a</sup> tedious job if all risks are covered because the increased burden of share of cost may considerably affect their standard of living. Similarly, a special type of grant-in-aid which may seem highly rational and appropriate for a single programme, may become quite a

complicated and unworkable system of financial relationship between different levels of government when these grants - in - aids are given for other programmes. The nature of these issues would be dynamic, as the coverage of governmental protection becomes universal. For instance, the question of financing an old age assistance on the basis of pay - as - you - go or accumulating reserve assume very different aspects because the programme is one of universal nature and limited to a section of <sup>the</sup> population. The solutions of the problems are mostly affected by the decision as to what type of social security benefit or form of social security programme is going to be guaranteed or implemented. A social assistance type of social security programme may lend itself to certain methods of financing and they would be very effective and useful for other types of social security measures i.e., social insurance device. The decision as to what proportion of national income must be attributed to social security schemes and how it should be decided, that is to say whether the national income should be distributed on the basis of social and economic criteria<sup>1</sup> or on the basis of market criteria<sup>2</sup>, would also be very important in <sup>the</sup> subject matter because the indices of social security expenditures expressed as the

- 
1. It includes family status and the satisfaction for having some social security system.
  2. Where the distribution of National Income is made by reference to value of contribution to output.

percentage of national income will be an indication of the importance given to such schemes in a country like ours.

In fact, it is also not easy to say "How much social security can a country afford at any given time", but the extreme limit is set by the level of average per capita income and in this process the maximum benefit which a country could be assured to the members of any society is determined by the net economic out-put of that community. To this extent, for instance, a developed country like the U.S.A. can, of course, offer higher standard of social security than a developing country like India. But it does not mean that a responsible country will fail to take advantage of <sup>the</sup> policy of income redistribution. The judgement regarding the ability of a country to afford any given degree of income redistribution has to be weighed in the balance and also the impact upon the economic output of the redistributive process. The effects would be of two types. Firstly, in a society where the principle of economic incentive plays a vital role, the redistributive process may reduce the volume of output both of those from whom the income is taken in any form because it reduces their economic reward and of those who benefit from redistribution, by weakening the burden upon them to perform the normal role on <sup>in the</sup> productive process. Secondly, on the other hand such income transfer may have favourable economic effects because it ensures greater stability of operation of the



economy as a whole or by improving the potential productivity of those who benefit from it. Despite the fact that any social assistance programme has a certain vital effect on the national economy of a developing country, it is not easily possible to decide, without any further investigation, whether the community would feel that it "would afford" the scheme. It is not merely ~~that~~ <sup>the</sup> general tendency to under-estimate the favourable impact of these measures on national output, but perhaps the results are evident in the long, rather than the short period. It is rather a very important fact that the decision about the implementation of social assistance scheme with all its consequences can be "afforded", <sup>and</sup> involves the application of social priorities, and hence there are no absolutes. In determining these priorities the effect upon national output is the only one consideration to which contemporary society gives importance. But no sooner the tax-payers feel the risk of income loss for themselves, in case of other alternative Social Security measures) they would like the elimination of this condition which is more important than other uses of their current income. As these social attitudes change, <sup>the</sup> State will find its social security expenditure accounting for a larger or a smaller proportion of its national income and it will regard a burden of any given sum as heavy or light.

While taking a decision it is important to know how much economic insecurity can be reduced with the help of these schemes and the precise extent to which it will effect

our national output. Actually it depends on average per capita income. The higher the per capita income, the more is society likely to feel that it can afford social security system. The economic and social effects of<sup>a</sup> social security measures are very much influenced by the precise conditions laid down by the different types of benefit payable. But they are also affected by the Governmental policies and by the particular types of taxes levied and the distribution of financial responsibilities among the different levels of government. In the following pages these problems have been discussed.

(a) What types of taxes should be levied ?

It has already been discussed that the social assistance and social welfare schemes of social security measures are financed by the State through general taxation. Now, the basic question arises as to what would be the nature and types of taxes which must be imposed. The selection of taxes to finance social security measures require the overall study of different types of taxes which had already been levied from a different outlook and their effect on the national output. As a matter of fact, the main aim of taxation could be to secure assured revenues for the anticipated expenditures. But this is not the end of it. Different types of taxes fall unevenly upon different sections of population. A country, where 'Progressive

Taxation' principle has been accepted as a general public policy or in other words, where the taxation policy requires that the richer section should pay more than their proportionate share of the cost of the governmental operations will oppose the proposal of 'earmark' taxation to finance governmental social security measures which is of social assistance nature with the result<sup>that</sup> in levying a disproportionately heavy share of the cost of scheme on low paid workers ~~which~~ requires other positive ways to wipeout the consequences of such taxes.

No doubt, these taxes increase the revenues and the burden of cost upon the various sections of the population; they also have economic consequences by affecting the attitude of the tax-payers towards the desirability of further productive efforts. In a country like ours where the productive efforts are to be increased tremendously, these economic consequences would be more harmful. Hence some other types of taxes have to be abolished even though they yield adequate revenues and meet prevailing standards of individual and social equity, because they would discourage the workers for making additional efforts, thereby lowering the total national output and retarding its growth.

Some special types of taxes may result in specific types of social behaviour, desirable or undesirable. Thus, it may be held that a tax levied on beneficiaries to finance a particular social security scheme will bring in return to

then the cost of service and cause them to be more responsible in its use.

All these above considerations have played an important role in determining the types of taxes to be levied in financing social assistance programmes in any country.

(b) Earmarked Vs. Non-Earmarked Taxes :

In the case of social assistance the decision regarding the implementation of earmarked and non-earmarked taxes have to be taken. Regarding earmarked taxes, I propose to suggest that if we treat certain taxes as earmarked and use the revenues which have been raised through and in the prescribed forms, then only a regular flow of funds required for such schemes can be obtained. It does not mean that in the existing system of financing there is any irregularity but it is felt that the volume of fund which is disposed for such services is insufficient.

Now, the question can be raised as to why we do not impose fresh social security taxes ? As a matter of fact, there is no harm in levying a fresh tax of this type which would be indirect in nature. I do not have any objection to that except that to realise the burden of indirect taxation would be troublesome. In fact most of the under-developed countries of the world and those which are developing at the cost of society would not appreciate the introduction of any fresh tax (specially social security tax) to be levied on them. Moreover, in our country the percentage

of indirect taxes is higher than direct taxes. There can be one important way out of this. If the Government of India regulate the prices by preventing them from increasing further, thus gaining the favour of the tax-payers, then at the cost of increasing prices (which has now been controlled as per assumption), a fresh and new type of social security tax can easily be levied.

Converting certain indirect taxes for example, entertainment taxes, or any other taxes of the kind into earmarked, social security tax can be an additional burden on society, though, it will affect the volume of general revenues. One other instance in this connection can be mentioned : The Government of India levied a fresh tax in the shape of Refugees Relief Tax in 1970-71, to solve the immediate problem caused by Indo-Pak war. The nature and object of imposing such taxes was to provide relief or assistance to the needy refugees of Bangla Desh. Now, since most of the refugees have gone back to their native place, we can easily convert these taxes into earmarked social security tax, and as such the tax payers would not hesitate to bear the burden which they were paying in a different manner. This is ofcourse, the easiest way for securing specific funds for social assistance or welfare services. There should be no objection by the State for doing so. Similarly, for financing public medical care service each member of the community should pay according



to his ability, and they should contribute as a part of general income tax or as a special tax. The same practice was also adopted in New Zealand. It is very important that the cost of such medical care service should be distributed as equitably as possible according to income and ability to pay.

**(a) General Tax Vs. Special Tax :**

When the scope of public medical care service is not confined to a section of population and the whole of the population is covered by the medical care service and all health services are under unified central administration, then the medical care service should be financed from a portion of general income tax which may be earmarked for that purpose.

Where the administration of the medical care service is separate from general health service, it may be appropriate to finance medical care by a special tax.

In most of the countries of the world where public medical care services exist they finance it out of general taxation fund; and there general income tax had been regarded as the most appropriate system of financing.

Before we impose special taxes or earmarked taxes for financing public medical care service, the following important points must be kept in mind:-

- (a) The amount of such taxes should be kept in a separate fund especially created for this object;

- (b) it should be progressive;
- (c) it should yield an income sufficient to finance the medical care service; and
- (d) such taxes should be levied only on those persons whose income is above the prescribed level of income.

The collection of such taxes should be made by the Income Tax Department and then it should be transferred to public medical care authority just as in New Zealand. This is how we can solve the problem of the types of taxes to be levied.

The practice of reliance upon earmarked taxes for social assistance or welfare purposes antedates the social security measures and was increasingly resorted to for financing relief expenditures. The earmarked tax as a source of revenue for social assistance programmes has another disadvantage because it tends to foster an uneven development of governmental function depending upon the yield and stability of specific earmarked taxes. Some services will expand, perhaps to an excessive degree, while other will fail to secure adequate funds for minimum performances<sup>3</sup>.

In the United States of America a greater number of separate taxes were earmarked for old age assistance than for any other programmes. There the types of taxes most commonly earmarked were general sales, gross receipt

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3. American Social Security System, Burns, Eveline, H., p. 375.

taxes and such taxes on specific commodities or services (generally alcoholic beverages). There is no harm if we adopt the same system and provide sufficient funds for such schemes.

The second important problem which generally disturbs the efficient working of such schemes is the prediction of social assistance cost in different years. The success of any scheme depends upon the prediction of the cost of the scheme which was forecasted in different years. Actually, in order to avoid any unforeseen circumstances during the period of the implementation of the scheme it is important that there should be adequate funds with the public authority specific for this purpose. The forecasting of future costs is feasible only in relation to those social security systems where the law defines with considerable precision the amount of the benefits and their duration and where the conditions of eligibility are based on objective non-discretionary criteria. The commitment to fulfill the entire need, the indefinite duration of social assistance payments as long as need persists, the absence of uniform standards as to amount of payment and test of need and the residual character of social assistance programmes make it impossible, to forecast the expenditure that <sup>is</sup> required in different years<sup>4</sup>. In case of old age assistance, since it is an important existing scheme, the benefits are fixed and uniform money is payable to all persons reaching a defined age provided they are eligible

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4. Ibid., p. 189

for it. Here in this case it is necessary to use demographic data for knowing the number of persons covered and in this manner the cost of old age scheme can be determined. But here again the difficulty would be of indefinite duration of benefit. It cannot be easily said that such assistance would be required only for a certain period. So long as the old man is alive and has qualified himself for such assistance you have to pay him.

In this connection it is suggested that annually a fixed percentage of taxes specially earmarked should be diverted for such schemes and kept in reserve. As such there would be a continuous flow of funds for such purposes. This may be a bit helpful in solving the problem related to the prediction of social assistance cost in different years.

Finally, there is another important problem which is associated with the decision of financing social assistance schemes. It has to be decided as to what would be the share of cost which must be borne by the Central and State Governments. In other words it has to be decided in the beginning that a given percentage of the total cost of the scheme would be financed by the State and the Central Governments. Since the responsibility of implementation of the schemes lies on the shoulders of different State Governments, the scheme cannot be successfully run without the help of Central grants or aid. Here we have to decide the Centre's share of cost of the scheme. In this connection it would be appropriate to discuss the problem and importance of

Central aid and then to decide the volume of funds which must be given to <sup>the</sup> State Governments by the Centre.

### The Problem of Central Aid :

Central aid to States for running social assistance scheme, involves two important problems -

- (a) determination of average level of Central share, and
- (b) the distribution of Central funds among the various States.

The first problem raises a difficult issue. It can be said that Central participation is important in view of the greater and more elastic tax resources of the Central Government and the historical fact that social assistance is one of the more recent functions to be assumed by the State and is thus in some senses a marginal claimant on State revenues. Although, the States have a variety of tax resources yet the task of tapping them is not very easy. There would be many obstacles to new levies.

In addition, the borrowing potentialities of the States are limited as compared to the Central Government's. This fact greatly strengthens the case for Central aid to social assistance schemes.

The second argument for Central participation arises from the historical fact that social assistance is one of the more recent functions to be assumed by the State Govern-



ments. This has serious consequences in view of the character of State revenues. Normally most of the State taxes were dedicated wholly or in large part to specific functions. Hence the base of support for social assistance schemes is considerably narrowed, and social assistance schemes being more recently recognized as a normal function of State Government <sup>are</sup> is often at a dis-advantage in completing with better established State functions for available tax funds.

Finally, Central participation in social assistance has the advantage of supporting this service, at least in part, by more progressive and less economically burdensome taxes than would be the case if State revenues alone were utilized. However, it is undeniable that if some importance is attached to State operation and control of the social assistance programme, every increase in the proportion of costs carried by the Central Government strengthens its controlling position vis-a-vis the States.

The other question raised by the Central aid for social assistance concerns the distribution of the Central fund among the different States. The great inter - state differences in income, involving an unfortunate inverse relationship between requirement and financial ability to meet the need creates strong arguments in favour of some equal distribution criteria. It must of course, be recognised that there are real limits to the degree of equalization

of standards of living of social assistance recipients that can be achieved this way. The general level of incomes in the backward States will always set an upper limit, and where the differences of rate of growth between the States are wide, these differences will continue to be reflected in differences in the payment of social assistance. As such, we could do something to enable the backward States, which do not have the advantage of higher per capita income, to approach an adequate minimum standard of living for their needy population. But to discover the ideal formula for the distribution of Central fund is not an easy task. But even if we rely upon the per capita income of the State, it would be an improvement because it may eliminate unnecessary payments to richer and developed States. Moreover, the use of per capita income as an index has the advantage of reliance upon a measure which is kept relatively upto date. Furthermore, experiences of many developed countries have suggested that, as a measure of economic or financial capacity, income per capita is as reliable <sup>an</sup> index as other more complicated measures.

No doubt, income per capita <sup>most</sup> criteria for distribution of Central aid is the best and effective measure, but it fails to take account of three other factors which are as follows :-

- (a) differences between the States to put forth tax efforts;

(b) differences in need; and

(c) differences in other public responsibilities.

In fact, all States are not equally willing to tax their population to support social assistance. The ideal formula would no doubt call for some minimum of tax effort.

Differences in need pose a more serious problem. The poorer the State, the more likely it is in need for social assistance/<sup>which</sup> will, other things being equal, be relatively great. The need for old age assistance is likely to be greater in the agricultural and backward States. This inequality would be there even with a variable grant with distribution of funds by reference to per capita income, and with the unequal burden carried by the State in regard to other public responsibilities specially for education. This has also affected the State capacity to participate in such schemes on a wider range.

During the period of the present plan the amount has been distributed in the following manner :-

TABLE XXV.Fourth Plan Outlays under Major Heads.

Sl. No.	Item.	Outlay.
(Rupees in crores).		
1.	Centre. ...	27.43
2.	Family & Child Welfare Projects	7.00
3.	Grant-in-aid to voluntary organisations by the Central Social Welfare Board. ...	6.00
4.	Assistance to voluntary organisations for welfare of destitute children and destitute women.	3.00
5.	Welfare of Physically handicapped.	2.50
6.	Nutritional feeding in balavedis.	6.00
7.	Research Training and administration. 1.05	
8.	Strengthening of all India Voluntary Organisations.	0.33
9.	Central Bureau of correctional services. ...	0.20
10.	Educational Work for Prohibition.	0.10
11.	Rehabilitation of rehabilitable persons from permanent liability homes and infirmaries. ...	1.25
12.	Centrally sponsored. ...	2.00
13.	States. ...	10.45
14.	Union territories. ...	1.41
<b>T O T A L (1 + 12 + 13 + 14)</b>		<b>41.33</b>

The table clearly indicates that most of the schemes are financed directly by the Central participation.

**FINANCIAL ASPECT OF SOCIAL WELFARE**  
**DURING PLAN PERIOD.**



CHAPTER - V.FINANCIAL ASPECT OF SOCIAL WELFARE SCHEMES DURING  
THE PLAN PERIODS

Expenditure relating to social assistance in the shape of Social Welfare are divided into two groups. The first relates to planned items and <sup>the</sup> second relates to non-planned items. Major parts of expenditure ~~is~~ incurred on the planned items. For the sake of convenience and efficient working the Central Social Welfare Board has delegated its work and responsibility at the state level to the State Social Advisory Boards. At present there are 26 State Social Advisory Boards in 17 States and Union territories. These figures include <sup>from</sup> ~~the~~ <sup>two</sup> new two State Boards of Haryana and Union territory of Chandigarh in the State of Punjab. There is no State Social Welfare Board in Laccadive and Minicoy Islands.

As it has already been stated in the preceding Chapter that Welfare Schemes are also a part of Social Assistance Measure, though they try to achieve their aims with the help of various recognised voluntary institutions, these institutions get assistance and aids <sup>from</sup> by the Government and other donating bodies.

The expenditure (including establishment charges) relating to plan and non-plan items during the years 1965-66, 1966-67 and 1967-68 are given in the following table :-\*

TABLE XXVI.

Head of account.	Expenditure		Allocation for
	in	in	
	1965-66.	1966-67.	1967-68.
1	2	3	4

(Rupees in Lakhs).

PLAN ITEMS :

1. Grant-in-aid to voluntary Organisations.	57.00	41.98	30.00
2. Grant-in-aid to Mahila Mandals.	30.00	29.21	30.00
3. Grant to building for Project Centres.	0.50	0.37	0.30
4. Grant to Welfare Extension Projects (Co-ordinated pattern).	40.00	39.09	28.80
5. Grant to Welfare Extension Projects (original pattern).	1.30	1.15	1.00
6. Major Repairs to Jeeps.	0.30	0.09	0.30
7. Welfare Extension Projects (Urban).	4.00	2.22	2.00
8. Condensed Course of Education for Adult-women.	23.00	23.73	19.50
9. Night Shelters.	0.35	0.10	0.10
10. Holiday Homes.	5.00	2.18	2.00
11. Socio-Economic Programme.	3.35	3.43	3.00
12. Training (Dhas & Mahila Mandals).	0.19	0.23	-
13. Border Area Programmes.	3.60	1.93	1.00
14. Special Child Welfare Schemes.	15.00	6.93	3.00

Table XXIV (contd...)

	1	2	3	4
15. Family & Child ** Welfare Schemes.	1.00	-	27.00	
16. Training of Personnel under F. & C.W. scheme.	0.15	-	5.00	
17. T.A. & D.A.	-	0.38***	Non-Plan	
	184.74 ₹	153.02	153.00	
	(0.0039%)	(0.0055%)	(0.0054%)	

NON-PLAN ITEMS :

1. Central Board Staff salary and T.A. & D.A.	7.20	7.26	7.80
2. Contingencies.	2.30	1.84	1.85
3. Publicity.	1.50	1.15	1.20
4. Grant to State Boards' staff salary etc. (Central Social Welfare Boards share).	-	9.22	9.40
5. Suspense.	-	0.26	-
	11.00	19.70	20.25
<b>GRAND TOTAL</b>	<b>195.74</b>	<b>172.73</b>	<b>173.25</b>

\* Annual Report of Central Social Welfare Board for 1966-67, page 2.

\*\* Family & Child Welfare Scheme under which training is provided to Gram Balasevikas.

\*\*\* Included in Non-Plan from 1967-68.

2 This figure included Rs. 11.10 Lakhs towards other plan items.

P.C. of National Income : 184.74 .0039%, 153.02 0.0055%, and 153.00 0.0054%

M.R. : The figures shown in the brackets indicate the percentage of national income spent on planned items during the year. Taking the programme as a whole it can be said that the amount allocated from national income is insufficient to meet the entire demand of the scheme. There is a slight decrease also in the expenditure of 1966-67 and 1967-68 in comparison with 1965-66.

Fifty per cent of the Expenditure on the State Boards' establishment is borne by the Central Social Welfare Board. During the year 1966-67 a sum of Rupees 14.06 Lakhs had been approved as budget estimates for expenditure on the State Board Staff Salaries, but ~~---~~ a sum of Rs. 6.66 Lakhs was released to the State Boards.

Due to shortage of funds and tight financial position it was not possible to step up the speed of progress under various programmes during the year 1966-67. The revised estimate for the year 1965-66 was reduced to Rs. 206.74 Lakhs (Rs. 195.74 Lakhs for Plan Items and Rs. 11.00 Lakhs for Non Plan items). The figures for the year 1966-67 has also been revised and there has been considerable reduction in the final figures. For the year 1967-68 the figures of expenditure for the plan and non plan items have been approved. In such circumstances guarantee can not be given that the Board will give a fixed percentage of assistance to the voluntary agencies under various programmes for the existing schemes and to new schemes which are to be started during the course of Fourth Year Plan. However, the Board is trying to keep the balance and launch a few new schemes which are in the interest of Social Welfare.

#### ALLOCATION OF GRANTS UNDER VARIOUS ITEMS

##### General Grant-in-aid-Programmes:-

Usually Grants are sanctioned to only those institutions which provide pre-marital counselling services and for the

welfare services for non student Youth i.e. for Youth Clubs, etc. These grants are mainly given for consolidation and improvement of existing activities. Generally grants are sanctioned for utilisation on year to year basis as well as for plan period, for building and for vans. Such grants are sanctioned on matching basis. During the year 1965-66 and 1966-67, 2922 and 2,738 one year grants amounting to Rs.32.98 and Rs.29.42 Lakhs were sanctioned to voluntary organisations by the State Board behalf of the Central Board respectively. This brought the total number of grants sanctioned during the Third Five Year Plan and Fourth Five Year Plan to 12721 and 3291 respectively for which an amount of Rs.246.35 Lakhs and Rs. 123.51 Lakhs were sanctioned.

During the year 1966-67 an amount of Rs. 41.98 Lakhs was released to State Board for onward release to certain institutions for one year grant, and to other institutions for Plan period etc. The progress made under this programme during the First, Second and Third Plans and first year of the Fourth Plan is shown in the following table.



TABLE XXVII

TABLE SHOWING TOTAL NUMBER OF GRANTS SANCTIONED AND  
AMOUNT RELEASED DURING THE PLAN PERIOD  
 (On Grant-in-Aid Programmes)

P L A N	No. of Grants Sanctioned	Amount	Amount
		Sanctioned	released
		Rs.	
		Rupees in Lakhs	
First Five Year Plan (1951-56)	2849	75.54	69.73
Second Five Year Plan (1956-61)	2691	294.20	233.27
Third Five Year Plan (1961-66)	12721	246.35	233.23
Fourth Five Year Plan	3291	123.51	41.98

The table clearly shows that there is a gradual increase in the number of grants which has been sanctioned by the State Board under the six existing programmes. In pursuance of the recommendation of the evaluation committee and on the basis of the experience which has been gained in implementation of the General Grant in aid Programme during the Third Five Year Plan, the Board revised its Programme of assistance to voluntary welfare organisations. During the Fourth Five Year Plan it has been considered that emphasis should be given to expansion and improvement of services and their expansion in the under-developed areas of the country. For this programme

a provision of Rs. 30 Lakhs has been earmarked in the budget for the year 1967-68. It is estimated that the number of beneficiaries under this programme during the course of Third Year Plan were about 2.07 Lakhs. The beneficiaries for 1966-67<sup>(a)</sup> are estimated to about 2.37 Lakhs.

TABLE XXVIII

STATE WISE DISTRIBUTION OF PLAN EXPENDITURE 1961-62 to 1966-67\*

STATES	GRANT-IN-AID (GENERAL)						Total
	1961-62	1962-63	1963-64	1964-65	1965-66	1966-67	
1	2	3	4	5	6	7	8
	Numbers in Lakhs						
Andhra Pradesh	2.76	4.29	3.64	3.38	3.28	2.91	20.26
Assam	0.84	0.85	1.00	1.21	1.31	1.03	6.24
Bihar	1.86	1.46	1.68	2.45	2.05	1.39	10.89
Gujarat	3.57	3.21	4.89	5.57	5.27	3.81	26.32
Haryana	-	-	-	-	-	0.21	0.21
Jammu & Kashmir	0.50	0.51	0.57	0.46	0.45	0.43	62.92
Kerala	2.75	4.06	3.11	2.06	2.46	2.22	16.66
Madhya Pradesh	1.48	3.03	2.99	3.14	2.70	1.88	15.52
Madras	5.51	5.36	4.12	4.49	5.05	4.22	29.25
Maharashtra	5.97	7.95	5.31	7.13	6.18	4.56	37.10
Mysore	2.84	3.05	3.72	3.13	4.11	3.44	20.29
Nagaland	-	-	-	-	-	-	-
Orissa	1.32	2.35	1.61	2.07	1.44	1.11	9.90
Punjab	0.94	2.02	1.29	1.45	1.41	1.01	8.12
Rajasthan	2.12	2.54	1.19	2.10	2.40	1.66	12.01
Uttar Pradesh	1.85	4.45	3.74	4.63	3.64	4.64	22.95

Contd.....

TABLE XXVIII continued

1	2	3	4	5	6	7	8
West Bengal & North Islands	6.18	6.18	5.69	5.65	5.39	4.67	33.76
Chandigarh	-	-	-	-	-	-	-
Delhi	1.74	1.53	1.40	1.71	1.69	1.37	9.44
Goa, Daman & Diu	-	-	0.76	0.80	0.82	0.43	2.81
Himachal Pradesh	0.07	0.05	0.04	0.06	0.12	0.21	0.55
Manipur	0.12	0.11	0.03	0.21	0.26	0.22	0.95
N.E.H.A.	-	-	-	-	-	-	-
Pondicherry	0.21	0.20	0.19	0.22	0.24	0.28	1.34
Tripura	0.41	0.24	0.23	0.24	0.29	0.28	1.69
<b>Total</b>	<b>43.34</b>	<b>53.44</b>	<b>47.20</b>	<b>52.66</b>	<b>50.56</b>	<b>41.90</b>	<b>289.18</b>
<b>P.C. of National Income</b>	<b>(.0031)</b>	<b>(.0036)</b>	<b>(.0028)</b>	<b>(.0026)</b>	<b>(.0024)</b>	<b>(.0018)</b>	
<b>National Income at current price (Rs. in Crs.)</b>	<b>14050</b>	<b>14873</b>	<b>17094</b>	<b>20061</b>	<b>20621</b>	<b>23624</b>	

The percentage of National Income clearly indicates that the amount allocated for such a major Scheme is to be revised in the light of its importance.

\*Appendix IV Annual Report of Central Social Welfare Board, 1965-66 and Annexure V in 1966-67 (Annual Report)

PROGRAMME OF WELFARE EXTENSION PROJECTS AND  
MAHILA MANDALS

Under this existing scheme it is proposed to develop and introduce new services for the rural and backward areas by starting a series of projects for the welfare of women and children with a view to provide them with basic minimum social services and to create an organisation known as Project Implementing Committee for running these projects which could ultimately be converted into local voluntary organisation to complete the programme of Welfare Extension Projects. Details of the working of such projects are given below :-

(a) Projects of Original Pattern in Backward and Hilly Areas :

The service of the Welfare Extension Projects is limited to Balvadi (combination of both creche and pre-primary school facilities), craft, woman's activities, Maternity facilities, social education, general medical aid etc. At the end of the Second Five Year Plan the number of such projects was 420 with 2004 centres covering near about 11,117 villages, with a population of 92 Lakhs. At the beginning of the Third Five Year Plan, with the introduction of the scheme of grants to Mahila Mandals, the activities or the workings of the centres of majority of the projects were taken over by the voluntary organisations or newly formed Mahila Mandals. Only 8 projects of this pattern were allowed to continue on the

basis which was existing. The expenditure on these projects is shared by the Central Social Welfare Board and State Government/Union Territories Administration in the ratio of 2:1. During the year 1966-67 eight projects of the original Pattern having 40 centres were functioning in the backward and hilly areas of Nagaland, Andaman<sup>2</sup>, Nicobar, Islands, Himachal Pradesh and Manipur. During the year 1965-66 the coverage of these centres was limited to 137 villages. For the working of these projects and for providing proposed service a grant of Rs.1.20 Lakhs and Rs.1.15 Lakhs was sanctioned during the years 1965-66 and 1966-67 respectively.

It has also been decided to continue these projects till the administration of these schemes is taken up by the voluntary organisation of these centres. They have been converted to the newly approved schemes of Family and Child Welfare. The following table gives an idea of the number of such projects and amount sanctioned.

TABLE XXIX

TABLE SHOWING NO. OF ORIGINAL PATTERN PROJECTS AND GRANT SANCTIONED IN 1966-67

STATES	(Rs. in Lakhs)				Total
	Andaman Nicobar Island	Himachal Pradesh	Manipur	Nagaland	
No. of Projects	1	1	3	3	8
Grant for original Pattern Projects.	0.04 (Lakhs)	0.10 (Lakhs)	0.58 (Lakhs)	0.43 (Lakhs)	1.75 (Lakhs)



The table clearly shows that the grant sanctioned to Andaman and Nicobar Island and Himachal Pradesh is quite insufficient to meet the demands of the areas. It can be said that in the Union territories these two States have been neglected from the point of view of development and the development of these two areas has been retarded to some extent. So far as the question of Manipur and Nagaland is concerned the people of this area are comparatively more developed. But besides this, coverage of this scheme in these territories <sup>is</sup> are more in comparison to other territories. This policy will perhaps give birth to unbalanced growth and development of these areas.

(b) Projects of Coordinated Pattern :

Welfare Extension Projects in the beginning were originally started in those areas where community development block did not exist. It was felt in the beginning of the second Five Year Plan that most of the areas of the country would be covered by the community development blocks. The Central Social Welfare Board in consultation with and cooperation of the Ministry of Community Development decided to set up from April 1967 the Welfare Extension Projects only in those areas covered by the community development blocks.

At the end of the Second Five Year Plan the number of such projects functioning were 321 with 3340 centres covering near about 29000 villages with a population of about 1.64 crores. Till the end of the Third Five Year Plan 264 Welfare Extension Project of Coordinated Pattern with 2342 centres providing services and facilities like balwadi, maternity and medical aid, craft training and social education were functioning in the community Development Blocks at the end of March 31, 1966. 21000 villages with a population of about 140 crores were covered by these projects. The number of beneficiaries, mainly women and children, served by these centres was 10.64 Lakhs.

An amount of Rs. 39.09 Lakhs was released to the State Board by Central Social Welfare Board in the year 1966-67 for such projects. The share of Central Social Board during the year 1965-66 was 41.76 Lakhs for the expenditure on these projects. The total amount which was released during the Third Five Year Plan on this programme amounted to Rs. 236.22 Lakhs.

Number of Welfare Extension Projects of coordinated pattern and grants sanctioned during 1967-68 is given in the following table.

TABLE XXX

TABLE SHOWING STATISTICAL NO. OF WELFARE EXTENSION PROJECTS  
OF COORDINATED PATTERN AND GRANT SANCTIONED DURING THE YEAR 1966-67\*

STATE	1966-67		
	No. of Projects	No. of Centres	Grant Sanctioned
Assam	8	88	Rs. 1.42 (Lakhs)
Bihar	34	356	Rs. 2.38 "
Gujarat	10	356	Rs. 2.17 "
Haryana	4	30	Rs. 0.46 "
Jammu and Kashmir	6	36	Rs. 0.08 "
Kerala	14	115	Rs. 2.69 "
Madhya Pradesh	41	452	Rs. 5.53 "
Maharashtra	40	364	Rs. 7.82 "
Mysore	23	260	Rs. 3.74 "
Orissa	8	80	Rs. 1.07 "
Punjab	5	39	Rs. 0.58 "
Rajasthan	19	118	Rs. 2.47 "
West Bengal	31	240	Rs. 4.12 "
Goa, Daman and Diu	13	92	Rs. 2.96 "
Himachal Pradesh	3	3	Rs. 0.29 "
Manipur	2	20	Rs. 0.55 "
Pondicherry	2	20	Rs. 0.37 "
Tripura	1	10	Rs. 0.06 "
Total	264	2452	Rs. 39.09 (Lakhs) (.0016) **

\* See Annexure V and IX in the Central Social Welfare Board's Annual Report for 1966-67

\*\* The figure shown in the bracket represents percentage of National Income spent on this project in 1966-67, which is very nominal.

The table (30) clearly indicates that only 18 Indian States including union territories ~~are~~ having such projects and getting their services. It can also be predicted from the information and facts given in the Board's Annual Report for 1966-67 that such projects are not functioning in the States of Andhra Pradesh, Madras, Uttar Pradesh, Assam and Nicobar Island, Delhi Nagaland and M.E.P.A. and the persons who are in need of such services and facilities have been neglected.

(c) Mahila Mandals:

During the year 1966-67 the number of such mandals was 582 running in 1548 centres of erstwhile welfare Extension Projects, providing the facilities of craft training, social education, maternity and the facilities of Balwadi. An amount of Rs. 38.86 Lakhs was sanctioned during the year. It is also estimated that about 85000 women and children were benefitted under the scheme for the rural areas. A sum of Rs. 29.21 Lakhs was released for such programmes in that area during the year.

During the period of Third Five Year Plan 3097 grants were sanctioned out of which accounts in respect of 2331 grants had been accepted till the end of March 1967. Efforts are being made to settle the remaining 766 grants by the respective State Boards.

The year wise break-up of the grants sanctioned at the end of the year is given in the following table.

TABLE XXVI

STATEMENT OF NUMBERS OF GRANT SANCTIONED (1961-66)  
(To Mahila Mandals)

Y E A R	No. of Grants
1961-62	594
1962-63	543
1963-64	689
1964-65	642
1965-66	628

Such ~~grants~~ centres have been established throughout the country and now their importance has been seriously realised.

The following table (31) shows State-wise number of these centres and amount sanctioned and released to these projects during 1967-68.\*



TABLE XXXII

STATE WISE DISTRIBUTION OF MAHILA MANDALS AS ON MARCH 31, 1967

STATE	No. of Organi- sations	No. of Centres	Amount Sanctioned in 1966-67 (Rs. in Lakhs)	Amount re- leased in 1966-67 (Rs. in Lakhs)
1	2	3	4	5
Andhra Pradesh	39	83	2.79	2.40
Assam	20	74	2.75	2.50
Bihar	11	43	0.92	0.60
Gujarat	33	254	6.35	4.30
Haryana	-	-	-	0.50
Jammu and Kashmir	-	-	-	0.10
Kerala	75	86	2.09	1.81
Madhya Pradesh	32	69	1.95	1.26
Maharashtra	145	180	3.66	2.08
Madras	14	86	0.23	0.20
Mysore	71	95	1.55	1.26
Nagaland	-	-	-	-
Orissa	12	87	3.04	1.50
Punjab	16	95	2.26	1.50
Uttar Pradesh	34	182	4.33	3.50
West Bengal	53	85	1.62	1.46

Contd.....

Table XXXII Continued...

1	2	3	4	5
A and N Island	-	-	-	-
Chandigarh	-	-	-	-
Delhi	4	20	0.59	0.60** (in excess of Rs.0.01 Lakh)
Goa, Daman & Diu	-	-	-	-
Himachal Pradesh	5	47	1.58	1.20
Pondicherry	2	2	0.02	0.01
Tripura	6	14	0.45	0.40
Manipur	-	-	-	-
NEFA	-	-	-	-
Total	582	1548	38.86	29.21
			(.0016)	(.0012)

**N.B.1-** The figures shown in the brackets are percentage of National Income in 1967 spent on Mahila Mandals, which is very nominal.

URBAN WELFARE EXTENSION PROJECTS :

In the Urban and new industrial areas with the rapid industrial development has been accompanied the problem of proper sanitation, problem of residential houses, lack of civic amenities and increase in juvenile delinquency. In 1953, in order to wipe out these problems the Board decided to provide assistance to voluntary institutions in the Urban areas for providing welfare services. Facilities and services of balwadis, creches, craft and adult education for adult women, youth educational programme and maternity and child welfare service in the over crowded localities are generally provided under such projects.

At the end of the Third Five Year Plan 65 such projects were providing service and facilities voluntarily in 17 States of India. During 1966-67 an amount of Rs. 3.65 Lakhs was approved for running of fifty six such projects in which 1.40 persons were benefitted during the year. A sum of Rs. 2.22 Lakhs was released for this programme out of approved grant. In the following table (33)\* Urban Welfare Extension Projects of different States have been shown.

TABLE XXXIII

STATE WISE DISTRIBUTION OF URBAN WELFARE EXTENSION PROJECTS AND  
MONEY APPROVED 1961-67

Rupees Lakhs

STATE	No. of Proj- cts in	MONEY APPROVED ON URBAN WELFARE EXTENSION PROJECT						Total
		1961- 62	1962- 63	1963- 64	1964- 65	1965- 66	1966- 67	
Andhra Pradesh	2	0.03	0.17	0.13	0.17	0.11	0.13	0.74
Assam	2	0.13	0.17	0.13	0.12	0.06	0.13	0.74
Bihar	1	0.12	0.17	0.24	0.09	0.11	0.07	0.80
Gujarat	7	0.37	0.52	0.39	0.38	0.52	0.46	2.64
Goa	4	-	-	-	-	-	0.26	0.26
Jammu and Kashmir	1	0.13	0.18	0.18	0.18	0.18	0.07	0.92
Kerala	6	0.23	0.39	0.28	0.33	0.40	0.40	2.03
Madhya Pradesh	2	0.16	0.28	0.23	0.17	0.25	0.13	1.21
Madras	5	0.20	0.33	0.31	0.27	0.27	0.33	1.71
Maharashtra	5	0.34	0.33	0.32	0.40	0.26	0.31	1.96
Mysore	4	0.30	0.30	0.33	0.19	0.25	0.26	1.63
Orissa	3	0.17	0.18	0.13	0.15	0.17	0.19	0.99
Punjab	1	0.32	0.36	0.25	0.25	0.30	0.07	1.55
Rajasthan	4	0.24	0.34	0.26	0.20	0.20	0.26	1.50
Uttar Pradesh	4	0.10	0.35	0.35	0.24	0.26	0.26	1.56
West Bengal	3	0.18	0.20	0.14	0.23	0.24	0.19	1.18
Delhi	2	0.09	0.29	0.09	0.15	0.14	0.13	0.89
Total	56	3.10 (.00022)	4.56 (.00030)	3.76 (.00022)	3.52 (.00017)	3.72 (.00017)	3.69 (.00016)	22.31

Figures shown in brackets are percentage of expenditure which have been calculated from National Income of different years (at current prices)

### Condensed Course of Education :

The Social Welfare Board has organised in 1958 a scheme of condensed course of education specially for adult women. The main object of this scheme is to provide specialized training to mature people and provide them employment in various positions. During the period of the Second Five Year Plan it was realised that a large number of trained women workers like Gram Savikas, nurses, mid - wives, balvadi teachers, primary school teachers, dais and welfare workers etc., were required for the implementation of the plan programmes specially in the rural areas.

During the period of Third Five Year Plan 625 courses were started under which 14,394 persons were benefitted. The total amount released to voluntary institutions during this period was Rs. 141.88 Lakhs. During the year 1966-67 an amount of Rs. 4,000/- Lakhs was granted for 150 courses. The total number of such courses during the year 1966-67 were 101. Central Social Welfare Board released a sum of Rs. 23.73 Lakhs to State Boards and voluntary institutions which had enrolled about 2,000 candidates.

State-wise distribution of Condensed Courses sanctioned, courses started and amount sanctioned for these courses during the year 1966-67 can be seen from the Table (34)\* given below.



TABLE XXXIV

TABLE SHOWING NUMBER OF CONDENSED COURSES OF EDUCATION  
 SANCTIONED, COURSES STARTED, AMOUNT SANCTIONED AND RELEASED  
 DURING THE YEAR (1966-67) IN VARIOUS STATES

(Rs. in Lakhs)

S T A T E	CONDENSED COURSES OF EDUCATION			
	No. of Courses Sanctioned	No. of Courses Started	Amount Sanction- ed	Amount Released
Andhra Pradesh	8	9	3.97	2.61
Assam	6	6	1.19	1.23
Bihar	12	10	4.13	2.47
Gujarat	11	5	2.82	1.41
Jammu & Kashmir	2	1	0.36	0.10
Kerala	-	-	-	0.05
Madhya Pradesh	20	9	4.37	2.31
Madras	7	5	2.20	1.38
Maharashtra	3	6	3.81	0.77
Mysore	8	5	1.93	0.29
Orissa	4	3	1.18	1.11
Punjab, Haryana	9	6	2.54	0.62
Rajasthan	8	7	1.90	1.84
Uttar Pradesh	21	20	5.19	4.60
West Bengal	9	3	2.42	1.32
Delhi	2	2	0.31	0.16
Goa	1	1	0.28	0.11
Himachal Pradesh	2	2	0.53	0.40
Manipur	1	1	0.27	0.33
Total	150	101	40.00 (.0017)	23.73 (.0010)

There is a gap of Rs. 10.27 Lakhs between the amount that has been sanctioned and the actual amount released by the Central Social Welfare Board to the State Welfare Boards. The amount actually released is about 13.74 per cent of the total Welfare expenditure including both plan and non-plan items during the year 1966-67. This reduction shows that the State Welfare Board is not very generously inclined towards introducing more condensed courses in the rural areas; 40 such courses which were to be started during the year, have not yet been begun due to paucity of funds. Had this fund been released to them, they would have definitely started these courses even in the backward area of Andaman Nicobar, NEFA, Pondichery and Tripura and in this way the State Board would have touched all the parts of the country utilising to some extent the human resources which were lying idle. A sum of Rs. 5,000/- was released to the State of Kerala without any sanction. This shows that in the State of Kerala such a scheme is not needed. Even if they are in need, the released amount has not been utilised during the year. If this amount has been given to other needy States then it would have certainly shown better results. The total amount released for such courses during the Third Five Year Plan is Rs. 141.36 Lakhs. During the year 1967-68, Rs. 1,950 Lakhs has been allocated in the current budget expenditure.

The amount sanctioned and allocated for these courses can be seen in the following table (3).

TABLE XXV

STATEMENT OF AMOUNT RELEASED FOR CONDENSED COURSES OF  
EDUCATION DURING THE YEAR 1961-62 AND ALLOCATION FOR  
1967-68

(Rs. in Lakhs)	
Y E A R S	AMOUNT RELEASED
1961-62	17.60 (.0012)
1962-63	28.57 (.0019)
1963-64	34.77 (.0020)
1964-65	35.75 (.0018)
1965-66	25.17 (.0012)
1966-67	23.73 (.0010)
1967-68	19.50 (.0005)
Total	184.11

The figures shown in brackets have been calculated from the National Income at current prices of that year. In fact, the amount is very nominal and ought to be raised in the following years.

Amount released for the first four years of the Third Five Year Plan Shows upward direction. Later on there is a downward trend in the expenditure and amount sanctioned. This was on account of increased defence expenditure during the Indo-Pak aggression and other important national expenditure.

SCHOLAR OF NIGHT SHELTERS :

The purpose of night shelters was to provide sleeping accommodation for low wage earners who are specially in big industrial cities where they are compelled to sleep on the pavements because of acute housing problems and insufficient labour colonies. During the year 1966-66 out of 49 night shelters only 22 night shelters were functioning and providing sleeping accommodation to pavement dwellers. An amount of Rs. 0.24 Lakhs was approved during the budget allocation for 1966-67 for 13 night shelters. But the actual amount released to them during the year was 0.10 Lakhs. The 13 aided shelters sanctioned grants in 1966-67 were in Gujarat - 2, Kerala - 3, Mysore - 2, Orissa - 1, Rajasthan - 2, Uttar Pradesh - 2 and one West Bengal. However, it was not possible to release more funds to these shelters as per instruction of releasing grants to Bharat Sevak Samaj, the coordinating agency of this programme.

The statement shows that the value of such schemes seems to be declining as the amounts released to these schemes are being reduced annually. The amount released during the year 1966-67 for such schemes is about 0.058%<sup>1</sup> of the total Welfare Expenditure (both Plan and Non Plan items) and about 1.50%<sup>2</sup> of the amount released during the year 1966-67.

It may also be noted from the table that in the states of Andhara Pradesh, Assam, Haryana, Jammu and Kashmir, Madhya Pradesh, Maharashtra, Madras, Nagaland, Rajasthan, Uttar Pradesh and the remaining centrally administered states Night Shelters centres were not needed during the year 1966-67. That is why these states have been neglected for such schemes. This may give rise to various controversial points. On the one hand these states might be having sufficient substitute schemes for Night Shelters, or they do not have housing problems, or they are having sufficient night shelters and for these reasons Night Shelter allowances have not been granted to them. On the other hand it may be supported that these states are not very industrially developed and there is no problem of providing sleeping accommodation to low wage earners. This may also be one of the reasons for not granting any assistance for the scheme of night shelters.

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- (1) The percentage has been derived from Rs.172.73 lakhs, the total expenditure of both plan and non-plan items during the year 1966-67.
- (2) Rs.0.10 Lakhs is 1.50% of the amount released during the year 1966-67 i.e. 6.66 Lakhs.



Both the facts are not justified and there is no reason why these states have been neglected for this scheme. Moreover, there are no guiding principles for granting assistance for night shelter schemes. This tendency of Central Social Welfare Board retards the balanced growth of the States as well as of Indian economy as a whole. During the beginning of the Third Five Year Plan the grant released curve <sup>will</sup> shows an upward trend. After two years of the plan the curve <sup>will</sup> shows a declining tendency in the year 1963-64, except in 1964-65 the curve <sup>will</sup> shows continued fall to the extent of Rs. 0.10 Lakh in the year 1966-67. It is clear from the <sup>table</sup> diagram that the Central Social Welfare Board had felt the necessity of providing Night Shelters in the years 1962-63 and 1964-65 and enough money was spent in those years. In the remaining years the scheme, though it remained on papers, yet it did not draw adequate attention of the Board.

#### SCHEME OF HOLIDAY CAMPS FOR CHILDREN :

These schemes have been started with a view to enable the children of low income groups, to utilise their holidays, specially summer holidays by helping them to increase their knowledge through travel. Travelling as a means of education is the prime objective of this scheme. Generally these camps are organised for two or three weeks duration.

It is felt that the Board could not encroach upon the domain of education, but advantage could be taken by granting aid to voluntary institutions to organise holiday camps for school going boys in the age group of 12 to 16 years of the low income families.

During 1965-66 the State Board released Rs. 4.30 Lakhs for 171 camps consisting of 50 children each. In this way nearly 8,500 children were benefitted by this scheme. In the year 1966-67<sup>3</sup>, 86 more camps were allowed than in the preceding year but the amount released to these camps was only Rs. 2.18 Lakhs benefitting 12,800 children. During the Third Five Year Plan an amount of Rs. 22.69 Lakhs was released and 610 camps consisting of 30,600 children were organised. Since 1958 when this scheme was implemented to the end of 1966-67, 1,116 camps were organised wherein 46,465 children benefitted. In the year 1966 it is estimated that the number of school going children in the age group of 11-13 years and 14-15 years including boys and girls would be 5 51,62,800<sup>4</sup>. Thus it is quite clear that hardly .84% of the population is touched by the scheme. The percentage of this population includes children of both rich and poor classes.

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3. During the year 1966-67, 256 camps were organised which were excess by 86 camps in comparison to the figure of preceding year.

4. See Table 28 - "Estimated number of school going children in different age groups in 1966 population, Agarwal, S.N. p. 66 (1967).

A statement showing state-wise amount released and number of holiday camps organised since 1961-62 to 1966-67 is given in the table (36).

It may be noted from the table that during the year 1966-68 the amount which has been released for this specific purpose is only 1.26% of the total expenditure of the year for both plan and non-plan items. The table also shows that there is fluctuation of the amount released.

TABLE XXXVI

STATE WISE DISTRIBUTION OF AMOUNT RELEASED ON HOLIDAY  
CAMPS SINCE 1961-62 TO 1966-67

(Rs. in Lakhs)

States	1961-62	1962-63	1963-64	1964-65	1965-66	1966-67	Total
1	2	3	4	5	6	7	8
Andhra Pradesh	0.25	0.35	0.45	0.50	0.20	0.15	1.90
Assam	-	0.03	0.50	0.28	0.20	0.15	1.16
Bihar	0.24	0.38	0.15	0.26	0.40	-	1.43
Gujarat	0.31	0.27	0.21	0.60	0.28	0.25	1.92
Jammu and Kashmir	-	-	0.03	0.12	0.05	0.02	0.22
Kerala	0.17	0.63	0.38	0.10	0.27	0.15	1.70
Madhya Pradesh	0.03	0.30	0.23	0.61	0.25	0.20	1.62
Maharashtra	0.08	0.40	0.13	0.44	0.34	-	1.48

Contd.....

Table XXXVI continued

1	2	3	4	5	6	7	8
Madras	0.06	0.33	0.38	0.55	0.20	0.23	1.75
Mysore	0.20	0.34	0.09	0.50	0.32	0.15	1.60
Orissa	0.06	0.51	0.03	0.41	0.32	0.17	1.50
Punjab	0.18	0.38	0.04	0.22	0.12	-	0.94
Rajasthan	0.06	0.12	0.51	0.47	0.30	0.09	1.55
Uttar Pradesh	0.18	0.42	0.15	0.31	0.36	0.10	1.52
West Bengal	0.10	0.55	0.18	0.34	0.25	0.20	1.62
Delhi	0.18	0.29	0.17	0.38	0.22	0.03	1.27
Goa, Daman and Diu	-	-	0.15	0.08	0.16	0.07	0.48
Uttarakhand Pradesh	-	0.09	0.12	0.11	-	0.06	0.38
Manipur	0.03	-	-	0.06	-	0.04	0.13
Pondicherry	0.02	0.04	0.08	0.13	0.06	0.09	0.42
Tripura	0.06	-	0.09	0.12	-	0.03	0.30
Total	2.21	5.52	4.07	6.59	4.30	2.18	24.87
	(.00016)	(.00037)	(.00024)	(.00033)	(.00021)	(.00009)	

N.B. The figures shown in the brackets represent the calculated percentage of expenditure from National Income during different years.

SOCIO ECONOMIC PROGRAMME

Under the existing programme, physically handicapped persons and needy women are provided with work and wages by giving them training and employment facilities in the production units of small and cottage industries. The scheme was started in 1958 and since then 90 units were sanctioned till the end of Third Five Year Plan for providing employment facilities to nearly 33000 women. For this purpose during the period of Third Plan an amount of Rs. 49.00 Lakhs had been approved. Out of this only Rs. 38.00 Lakhs was released upto March 1966 and 22000 women were provided work at 58 units which have been set up (out of 90 units) and are working.

During the period of 1966-67, grants amounting to Rs. 5.18 Lakhs were sanctioned for setting up 19 units. During the period 25 more units started functioning and thus, the total number of persons benefitting from the scheme increased to 27000 needy women and physically handicapped. An amount of Rs. 3.43 Lakhs was released for this specific purpose.

A statement showing the units set up and amount approved and released in the year 1966-67 is given in the table (37).



**TABLE XXXVII****STATEMENT SHOWING STATE WISE DISTRIBUTION OF UNITS AND  
AMOUNT SANCTIONED AND RELEASED DURING THE YEAR 1966-67****(On Socio Economic Programmes)**

<b>S T A T E</b>	<b>No. of Units approved</b>	<b>Amount Sanctioned (% in Lakhs)</b>	<b>Amount released (% in Lakhs)</b>
Andhra Pradesh	2	0.50	0.36
Bihar	1	0.27	0.12
Gujrat	1	0.31	0.57
Jammu & Kashmir	1	0.30	0.15
Kerala	2	0.72	0.49
Madras	1	0.35	0.39
Maharashtra	4	1.00	0.48
Mysore	1	0.15	0.03
Orissa	1	0.30	-
Rajasthan	2	0.51	0.24
Uttar Pradesh	1	0.33	0.27
West Bengal	1	0.20	0.17
Haryana	1	0.24	-
Other*	-	-	0.16
<b>Total</b>	<b>19</b>	<b>5.18</b> <b>(.00022)</b>	<b>3.43</b> <b>(.00014)</b>

The amount shown in brackets represent the percentage of expenditure from National Income during that specific year.

\* It includes Delhi, Pondichery and Tripura. Amount has been released in the ratio of 3:10:3.

The table (37) clearly indicates that Programme for Socio Economic Welfare at present, touches only 13 states of India and that too to a little extent. The amount released to this scheme is quite insufficient to meet the entire demand. Besides this, in the states of Orissa and Karyana no amount has been released for this scheme though they have been sanctioned to the extent of Rs. 0.15 Lakhs and Rs. 0.24 Lakhs respectively. Rs. 0.16 Lakhs has been released to the other states in which Delhi (Rs. 0.03 Lakhs), Pondichery (0.10 Lakhs) and Tripura (Rs. 0.03 Lakhs) are benefitted without any prior sanction and approval. This shows that state Social Welfare Board distributes these amounts without any pred<sup>e</sup>termined policy or principles. The amount may be released to any States without any prior approval of grants and it may not be released to a particular state even though an amount has been sanctioned in the budget for a specific purpose. Thus there is no guiding principle for distribution of amounts which may be considered one of the biggest lacuna in the scheme.

The amount which has been released is hardly 1.19% of the total expenditure for the year including both plan and non-plan items. There is a gap of Rs. 1.75 Lakhs <sup>in</sup> between the amount sanctioned for a specific purpose which must be

released in order to utilize maximum human productivity. Such a rigid policy, that the Board adopts for such an important scheme specially in a country where the number of unemployed women and handicapped persons is considerable, <sup>higher</sup> as compared to developed <sup>nations,</sup> retards, the manual growth as well as rapid development of the country as a whole because manual resources are not utilized fully and there is wastage of human resources in a specific category of the population.

Public Sector Outlays in the Third Plan, Annual Plans and in the Fourth Five Year Plan

In the Third Five year Plan the total expenditure which was made in the public sector amounted to Rs. 85,76.5 crores; out of which Rs. 19.4 crores had been spent in the Social Welfare Programme. Similarly, during the three Annual Plans (1966-69) Rs. 12.1 crores out of the total public sector outlays of Rs. 67,56.5 crores and in the Fourth Five Year Plan Rs. 41.4 crores out of the total public sector outlay of Rs. 1,59,02.2 crores was sanctioned to such schemes.

TABLE XXXVIIIEXPENDITURE ON SOCIAL WELFARE IN DIFFERENT PLANS

(Rs. in Crores)

Head of Development	Third Plan	Percentage Distribution	Annual Plans 1966-69	Percentage Distribution	Fourth Plan	Percentage Distribution
Social Welfare	19.4 (85,75.5 )	0.23%	12.1 (6756.5)	0.18%	41.4 (159,02.2)	0.26%

The amount shown in the brackets are the total public sector outlays in different plans.

In the Fourth Plan the amount allocated to such projects is shared by different levels ~~in~~ of Government as can be seen in the following table.

TABLE XXXIXDISTRIBUTION OF SOCIAL WELFARE OUTLAYS IN THE FOURTH PLAN

Head of Development	(Rs. in Crores)				
	Centre	Centrally Sponsored	Union Territories	States	Total
Social Welfare	27.43	2.00	1.41	10.54	41.38

**ADMINISTRATIVE SYSTEMS OF  
SOCIAL ASSISTANCE.**



CHAPTER VIADMINISTRATIVE STRUCTURE

To a great extent the administrative structure reflects decisions made by the people of any country regarding the policy issues. Among these, the decisions made about the respective financial roles of the different levels of government, and the kinds of benefits which it has agreed to pay, are very significant. The Indian social security system is characterized by the existence of two types of benefits (based respectively on the beneficiary's previous earnings and existence of need). There is provision for separate programmes for different risks, sometimes the same risk being covered by more than one type of benefit system, preferential benefits to the needy group of population in respect of certain risks; and involvement of two and often three levels of government in the financing of the same programmes (e.g., Central and State Governments) in old age pension and in the majority of social assistance and social welfare cases. Furthermore, this series of governmental protective measures was built up over a long series of years on a piecemeal basis, each being developed with little relationship to what existed before.

So long as these substantive decisions remain in force, the administrative structure is likely to remain complex even though there may be major redistribution of programmes and the responsibility between different levels of government. Indeed, the administrative picture may become even more complicated if certain proposals in the field of disability and medical care should materialise. Proposals that would involve government subsidies would extend still further the range of authorities involved in social security administration by utilizing private organizations which, since they would be spending public funds, would have to be held to public accountability.

Many proposals have been made for the simplifications of this unwieldy structure, in the interest both of economy and of better service. While some changes for the better could undoubtedly be made, decisions about programmes content and financing set obvious limits to what can thus be achieved. And even a simplified structure would still have to grapple with the problems of staffing and ensuring truly democratic administration.

Some countries, for example Great Britain, have grouped all income security programmes under a single administrative agency and, at least at the national level, have allocated health and other social service programmes to another. Such a division has many advantages, not the least of which is the greater likelihood of consistency of policy and greater certainty that similar treatment will

be afforded to persons in similar circumstances. It also eliminates frictions between a variety of independent agencies.

Furthermore, many would question whether income security programmes and service programmes can or should be thus sharply divorced. Thus, for example, it is sometimes held that in health programmes, better results would be achieved by having the agency which is in charge of health, and notably, rehabilitation services, also administer whatever income security system exists for making cash payments in the event of disability.

In the United States there has been much discussion, more particularly since the federal government began to share the costs of medical care given to public assistance recipients, as to whether at the state or local level administrative responsibility for such a service should be vested in the public welfare or in the public health agencies. The former claim the field as the authorities already providing not only cash payments but also a variety of consulting and case work services to their clients and as the agencies which have to foot the bill (minus the Federal share) for medical services rendered to their clients. On the other hand, the health authorities can claim to be the logical administrators in view of their special knowledge (of health and related problems) and their existing close relationships with the medical profession<sup>1</sup>.

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1. For a discussion of these view points, see W. Palmer Dearing, "Medical Care for Public Assistance Recipients". c.f., Burns, E.M. - Social Security & Public Policy, p253

From the view points of efficiency it is essential that the administrative structure should be developed on the basis of clientele. The strongest argument in favour of the principle of organization by clientele is, of course, the fact that in this way the maximum of service can be rendered to the defined group. Since people do not consist of a bundle of separate and watertight needs, a single agency which can plan for the needs of "the whole child", "the whole aged or veteran", etc., is more likely, it is held, to develop appropriate and needed services, and the beneficiary, instead of being served by a variety of agencies with possibly conflicting or overlapping objectives, will have the convenience of dealing with only one.

Thus, some social assistance agencies have expressed their desire that the welfare department should operate its own employment service for its unemployed, on the ground that these, being often marginal workers, need special counseling or unusual care in placement which only the welfare agency is likely to give. For this it is said that the placement problems of the unemployed social assistance recipients are likely to be neglected in a public employment service, anxious to make a good placement record, intent on impressing employers with the high quality of labour it can supply.

But as against this there are certain disadvantages of this organization. Many of the functions to be performed



for the different groups are similar in character, and if maximum quality service is to be rendered, it calls for a high degree of technical or professional skill and frequently much specialization is to be made. Such standards, it is held, can best be met by a grouping of responsibilities on the basis of function.

Furthermore, the adoption of the system fosters the growth of interest groups and an administration that is likely to be, at the worst, unduly subservient to its organized clients and, at the best, unduly zealous in pushing the claims of its clientele, to the exclusion of wider interests.

In view of the disadvantages of an administrative structure that groups all income-maintenance or all service programmes in a single giant agency, or of using the clientele as the basis of organization, some have urged that administrative organization should mirror the nature of the risk. In fact, this principle is often found. One agency administers old-age programmes, another unemployment or disability measures. In such a plan both temporary and permanent disability assistance would be in one agency : both long and short - period unemployment programmes would be administered by another.

From many points of view the principle of organization by risk has much to commend it. The long - period disabled or unemployed person has usually been a short period disabled or unemployed individual first, and there is



obviously a convenience to the beneficiary in dealing with one administration instead of being shifted to another at some arbitrary point of time. Furthermore, if constructive and rehabilitative measures are contemplated, every thing points to the commencement of these services at as early a date as possible and to the desirability of their being undertaken by a single agency which can plan comprehensively for the needs of the unemployed or disabled worker. The other view is that the allocation of administrative responsibilities should reflect rather the nature of the administrative problems created by the different programmes.

The above discussions clearly indicate the nature of the problems faced when efforts are made to regroup the administrative structure of social security programmes along more rational lines. In the United States probably, the principle commanding the most general support is that which holds that the nature of the benefit system should be separate administrations for the social insurance and for public assistance. However, even here, there are some who point to the integral relationship.

A social security scheme creates an array of legal rights and obligations. The law and regulations have to be drafted, and then sanctioned by the appropriate authorities or agencies. To give effect to them, administrative routines must be invented, presumably by civil servants. Whether a benefit right or an obligation to contribute is

concerned, a routine conforming to the legislation is necessary, since arbitrary discrimination must be excluded. But a routine is mechanism, and, like any other, must be going, and watched and adjusted intelligently. Unforeseen situations will occur, and possibilities of improvement will become apparent. An administrative body or hierarchy of agencies is therefore, needed for the implementation of the schemes, and to formulate policies within the field of competence assigned to it. Disputes will arise on the interpretation of the legislation and on the assertion of the truth for which a judicial organ is also required.

Assistance schemes and universal schemes are not concerned with employees or employers as such, nor do they involve the collection of contributions or the maintenance of any records except of beneficiaries and benefit payments. Contact is made with members of the public only when they seek benefits.

An assistance scheme, by definition, requires the claimant to declare his property and his income from all sources by any investigation that seem called for in the circumstances. The right to pension of an assistance character is conditional on the completion of prescribed number of years of residence in the territory which finances the scheme; in this case also declaration must be corroborated by documentary evidence (for example, the records of the immigration services). Assistance and universal schemes alike impose, as a rule, a nationality condition, which may, however, take

the place of a residence condition, and of course, the official certificates, which we have mentioned in the context of insurance schemes are equally relevant to the other.

Assistance schemes, and universal schemes are almost all administered by government departments in co - operation with local authorities.

#### Administrative Policy :

The social security (Minimum Standards) convention 1952, allows that the administration of Social Insurance must be done by the representative bodies. It lays down only two principles for all branches of social security, contributory and non-contributory. Firstly, the government is responsible for proper administration, as it is also for solvency and secondly, the persons protected certainly, and the employers and the government possibly, are to participate in the management but only in so far as the Government itself does not administer the scheme in question directly. Several factors have conspired to create this tendency, the extension of the scope of Social Insurance until it embraces the mass of the population, and the increasingly close supervision exercised by government especially with a view to removing unjustifiable inequalities of treatment among insured persons.

We have mentioned that assistance schemes and universal schemes are administered by departments of national and local government. This is reasonable because the persons protected coincide with the parliamentary and local electorates.

The recent social assistance legislations of different countries suggest an unmistakable tendency for centralization of the administrative machinery. This tendency which is the characteristic feature of many other sectors of economic and social life, can be ascribed to the fact that the central authority has better resources and is in a better position to make the social assistance schemes universal in scope and adequate in benefits than the local authorities. Both, the convenience of administration and uniformity of operation have accelerated the tendency towards centralization.

The degree to which the administration of various branches of social assistance can <sup>be</sup> centralized, however, depends on three main considerations :-

- (i) The simplicity and relative permanence of the the need of social assistance;
- (ii) The nature, character and magnitude of the need; and
- (iii) The desirability and need of introducing uniform standards.

In general, it may be said that the greater the degree of centralization, the more the assistance in question acquires, the character of a right, just because a national scheme implies uniformity in operation and rate of benefits.

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**ECONOMIC IMPLICATIONS AND CONSIDERATIONS  
OF SOCIAL ASSISTANCE WITH SPECIAL REFERENCE  
TO UNDERDEVELOPED ECONOMIES**

CHAPTER VIIECONOMIC IMPLICATIONS AND CONSIDERATIONS OF  
SOCIAL ASSISTANCE WITH SPECIAL REFERENCE TO  
UNDER DEVELOPED ECONOMIES.

Social security is primarily humanitarian in purpose, it has significant economic aspects of which the public is not sufficiently aware. In previous chapters, incidental references have been made to some of these features, but they will now be examined somewhat more fully. What is said, is in the nature of comment and the raising of problems. Much more information and experience of social security will be needed before firm conclusions can be drawn.

In all countries high levels of employment and high standards of health and education are recognised as vital elements in security and social welfare. In some countries, particularly Canada and the United States, special emphasis is placed on progressive expansion of the economy, including large-scale capital investment, as the best way to raise standards of living, thereby increasing the capacity of the people to provide, to a greater extent, for their own security and reducing their dependence on social security measures introduced by the State<sup>1</sup>. In these countries there is wide

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1. This point was emphasised by Professor Harry M. Cassidy in an unpublished Memorandum written in 1947 on "The Premises and Principles of Social Security", p. 1 :

support for free enterprise and personal incentive, and anything that hampers them is opposed. Prosperity and higher standards of living will result in high levels of employment, and it follows that the cost of unemployment benefits will be small. More people will be able to provide for their own needs by saving and therefore fewer people will need public assistance. Moreover, a high demand for young labour will provide more opportunities for older people to continue working and might make it possible to raise the age at which old age assistance is payable. Similarly, a good health programme can increase the fitness and productivity of the population and reduce the cost of sickness benefits. Adequate housing is also a big factor in health and security.

Both preventive services and constructive economic policies are, therefore, closely linked to social assistance. "Social progress and economic progress are interdependent, each making its distinctive positive contribution to the general development and to the improvement of levels of living. Social assistance <sup>Scheme</sup> cannot, on the one hand, be regarded merely as devices for exploiting the gains from each new economic advance by distributing more equitably the fruits of joint labour and ensuring a minimum level of living for everyone in the midst of life's vicissitudes. Nor can they be considered merely as a means

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"It is a truism that jobs for all represent the best kind of economic security. To the extent to which there is economic prosperity, the pressure of demands for social services, particularly income-maintenance services, will be greatly reduced."

of improving the "human capital" required for production, for that would be tantamount to regarding human betterment as a means to a materialistic end, whereas it is in fact the end of all collective social endeavour".

In public discussion, attention is often directed to the economic and social costs of social assistance but much less frequently to the economic costs of insecurity. The reason is largely that the former are immediate and definite whereas the latter often appear only in the long run and are difficult to evaluate.

The amount available for social assistance is determined in relation to other demands on the national income, including capital for investment and expenditure on defence. In circumstances of international crisis an increase in expenditure on defence may be more vital for social security than bigger old age pensions and unemployment benefits. Within social security itself some items are more urgent and vital than others, and decisions must be taken on priorities. Such decisions are necessary because resources are usually scarce in relation to the demand for them.

Consequently, if more is spent for one thing, less is available for others, and therefore, priorities must be established and limitations imposed. Such priorities are determined by public opinion and political pressures. Opinions and pressures result from people's preferences, and many people choose expenditure on immediate enjoyment and neglect provision for such uncertainties as sickness and unemployment. To young people, the satisfaction of present needs

has amore powerful attraction than the laying aside of funds to meet the distant and uncertain needs of old age. This attraction is indeed the basis of instalment buying or hire purchase which is in effect a mortgage on the future and makes the need for stability of employment and other forms of social security all the greater.

(a). Case Study of Under-developed Countries :

One of the most difficult decisions which must be taken by governments of economically poor, under-developed countries is to determine the proportion of the national income that should be set aside for capital investment. A sufficient amount ~~must~~ be used for that purpose to increase productivity and thereby raise future standards of living, but present standards are so low that substantial diversions from immediate consumption may cause hardship and privation and weaken by poverty the productive efficiency of large numbers of people. It has been estimated that an under-developed country with a typical rate of population increase of 1.5 to 2 per cent a year should save for capital investment at least 10 to 12 per cent of its net national income ~~if~~ it is to sustain a process of economic development that will give reasonable assurance of a long term rise in standards of living. Yet many under-developed countries in recent years do not appear to have been saving more than about 5 per cent of their national income.



The resources in relation to population are so meagre in economically poor, over - populated countries, that decisions on social security priorities are particularly difficult and painful. There is so much to be done and so little to do it with. It has been emphasized that each country has its own special problems and priorities, they were generally in favour of giving priority to preventive measures and the organisation of social services which would promote economic development, and expressed preference for benefits in the form of goods and services. Inevitably they recommended absolute priority for assistance in the form of food and other goods to persons in urgent need. They advised that the establishment of institutions to provide welfare services for mothers and children be given priority over family allowances, and that health, rehabilitation and social welfare services be given priority over social security systems that would provide cash benefits.

A main difficulty in countries with large populations and low wages is that so many people are near or even below <sup>the</sup> subsistence level. Comprehensive schemes of cash benefits are impracticable because resources are limited and because the number of poor people is large in relation to the funds available. Social security benefits fixed substantially below current wages would be at starvation levels. Shortage of trained administrative personnel and social welfare workers in these countries also limit the adoption of extensive social security programmes. The main practicable solution under such conditions is the one already

indicated, of providing benefits in the form of goods and services (free meals particularly) to specially needy persons.

**(b). Economic Stability through Social Assistance, Social Insurance and Welfare Schemes :**

Social assistance is sometimes described as a 'built-in' economic stabiliser. It has frequently been supported not only for the benefits it brings to individuals and their families, but also because it increases the stability of economy.

The two main benefits that fall in prosperity and rise in depression are unemployment insurance and public assistance payments. They put a break on booms and reduce the severity of depressions. Unemployment insurance funds grow in booms and are reduced in depressions, both movements exerting a stabilising tendency. The larger amounts paid to the unemployed when trade is bad are almost entirely spent immediately on food and other consumers' goods and prevent the industries that produce these goods from being depressed as they otherwise would be. Also, the sustaining of these industries reacts favourably on the industries that produce capital goods.

However, the beneficial effects in curbing the fluctuations of the trade cycle must not be exaggerated. The decline in purchasing power in a depression <sup>is</sup> much greater than the increases in social insurance and assistance payments to the unemployed.

Unemployment insurance and assistance benefits are of considerable value as an economic stabiliser, but are only one of the means by which the severity of depressions could be limited. In many countries unemployment benefits average only 30 to 40 per cent of wages, and unemployment therefore, involves a heavy fall in <sup>the</sup> workers' or unemployed persons' purchasing power. The lower the percentage of benefit in relation to wages the smaller the effect on economic stability. Also, a large part of the decline in production and trade during a depression can be accounted for by the fact that many companies reduce their demand for new machinery and other capital goods while faced with economic uncertainties and financial stringency.

Proposals have been made for strengthening the stabilising effects of social security by increasing rates of benefit and reducing contributions during depressions and by reducing rates of benefit and increasing contributions during booms. These proposals are very important in theory, as they would increase the stabilising effects of unemployment insurance, but would be difficult to apply in practice. In a severe depression there would probably be considerable resistance to increasing the rates of benefit and reducing the contributions, because the accumulated funds would be declining rapidly and, unless the funds were very big, changes of the kind proposed would endanger the solvency of the scheme. A reduction in the rates of benefit during periods of prosperity would

be unfair to those who happened to be unemployed during such times, and an increase in the rates of contribution would be opposed because the reserve funds would already be growing rapidly. The most practicable course would be to ensure adequate funds for public assistance to supplement the unemployment insurance scheme, especially by paying benefits to workers who had exhausted their insurance rights. The additional amounts required could be financed mainly by borrowing instead of by higher taxation, the loans being repaid in years of prosperity. This method would have the effect of stabilising the economy.

If social security benefits in the form of social assistance are paid economy will not decline as far as it otherwise would. They provide a psychologically valuable influence by lessening the feeling of insecurity which can aggravate an economic depression. It has been indicated, however, that even where unemployment benefits are relatively high and the system most extensive, payments to the unemployed fill only a small part of the gap in spending which is experienced in a depression. Since the time when fairly comprehensive unemployment insurance and assistance schemes were adopted, their effectiveness as an economic stabiliser has not been tested by severe depressions, except in a few European countries. In such circumstances, many other major measures would be needed, including an easy money policy, a big public works programme and other emergency schemes to stimulate recovery. Social



security is only one of the many measures needed to sustain economic stability.

(c). Measure to remove inequality of income :

Social security systems are instruments for re-distributing or transferring income among different sections of the community. If they are financed largely from the general revenues by progressive taxation, there is a substantial transfer from rich to poor in countries where the range of wealth and incomes is wide<sup>2</sup>. The lower income groups pay less in taxation and receive more in benefits. In countries where the range of income among different sections of the community is relatively narrow the money needed for social security comes broadly from the same classes of people who will benefit, and schemes are financed either by contributions of considerable amounts from the class of beneficiaries, or by earmarked taxes paid by them in substantial proportions. The aged are supported from contributions by people of working age in their own class. Similarly, the fit support the sick, large families benefit from contributions from bachelors and those with small families, the unemployed by those who retain their jobs, while widows, orphans and victims of industrial accidents are aided by the more fortunate. Resources are

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2. It has been advocated that measures of social progress should be directed towards reducing inequalities in incomes earned, so that less redistribution would be necessary through taxation and the provision of social security and welfare benefits. See Economic Progress & Social Security, Fisher, A.G.B. (London, 1945), p. 132  
contd..



transferred from the economically active to those in need. The costs are largely borne by the main body of the population who are also not the beneficiaries.

There are similarities between redistribution in social security and redistribution in the financing of internal national debts. It is sometimes argued that the payment of interest on internal debt is not a burden on the economy as the money is merely transferred and remains in the country. Social security also affects transfers. Yet the conclusion that the financing of the internal debt or of social transfers is 'neutral' because the money is kept in the country is not necessarily true. Whether there will be a gain or loss to the economy and also to social welfare depends on the effects on those who pay the taxes or contributions and those who receive the benefits.

The economic effects of social security payments on the recipients vary widely from one category to another. The benefits paid to the aged, the totally and permanently disabled and others incapable of work yield no direct returns in productivity. They are humanitarian payments. Yet before social security benefits were paid or when they were inadequate, many of the aged and infirm people were supported by relatives and this involved privation for the relatives and their children. Indirectly, therefore, even the payment of benefits to persons incapable of work

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CONTD... and Social Security in the British Commonwealth,  
Mandelstam Ronald, (London, 1954), p. 284.

can have favourable indirect reactions on the health and well-being of the next generation of workers.

It used to be argued that there is a possibility that social security payments reduce the desire to work and to save. If there is loss in productivity it is due largely to defects in the application of social security and can be remedied. The methods adopted and the regulations applied should be designed to encourage and facilitate return to work. There is economic loss to the community if benefit paid to the invalid and disabled is not accompanied by systematic arrangements for rehabilitation and training for suitable work.

There is loss to the economy if sickness insurance to provide cash benefits is not associated with medical care and hospital services to ensure early recovery and return to work. Services such as these, and rehabilitation schemes, are also needed for many people suffering from long-term disability caused by sickness or accidents other than industrial injuries.

Unemployment assistance benefits tend to reduce the mobility of labour, and in some circumstances this can be a disadvantage to the economy.

The unemployment assistance system should be linked with an efficient employment exchange service and training facilities. The payment of benefits must be conditional on unemployed workers' accepting suitable jobs offered to them by the employment exchange; the condition that they must show evidence of genuinely seeking work has often

proved impracticable. In order to facilitate mobility, unemployment assistance systems should be nationwide. If benefits can be drawn in any part of the country, the unemployed will feel free to move in search of jobs; otherwise they will be more likely to stay in their own region rather than lose their right to benefit. Here it may be noted that unemployment insurance and assistance benefits tend to increase the bargaining power of trade unions with the result that wages may be raised somewhat higher than they otherwise would be. Such workers as become unemployed owing to the higher wages will receive unemployment pay and this will reduce the risk of their being compelled by poverty to undercut the wage-scale.

Rehabilitation services are expensive but can result in economic gains that more than cover the costs, as is shown by the results achieved in a number of countries. In these and other ways investment on human beings can bring even better returns than investment on machines and other material capital.

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PART - FOUR

\_C\_O\_N\_C\_L\_U\_S\_I\_O\_N\_

CHAPTER VIIICONCLUSION

The need for social assistance has been felt in our country since long but actual work was undertaken only after the independence of the country. The entire scheme of Social Assistance was founded on a Comprehensive Social Security programme, <sup>which</sup> with aimed at restoring the continuous flow of income of the members of the society at the time of specified contingencies.

The scope of social assistance is comparatively more significant in the national economy. But even to-day a majority of the population do not understand the real meaning of the term. They compare it with poor relief in the strict sense. Our social assistance system has emerged from the Elizabethan Poor Law some-times in 1601 and since then it was felt to develop the programme with the help of Government machinery. Attempts have also been made to adopt the system with the inclusion of the merits of Poor Law and exclusion of its demerits. That is why despite the latest modification of Poor Law, the fundamental principle of Poor Laws are still applicable in some social assistance systems of different countries.



Social Assistance in its nature, concept and scope has been recognized as one of the important methods of social security which is used as a device for ensuring freedom from want and poverty. Earlier to this study the concept of Social Assistance was limited to a narrow outlook, but this study has included in itself some of the important aspects of the subject which have not yet been studied. Here social assistance has been defined as a device which ensures assistance either in cash or kind to poor and needy persons granted from the State or through some recognized social "Service Institutions" or agencies as a matter of right subject to verification of their needs. As such the scheme has been classified in a different manner taking the time factor into consideration.

The other important methods for ensuring continuity of income to those members of society who have been threatened from want on account of certain contingencies are in the forms of social insurance and voluntary insurance in the limited sense.

The need of Social Assistance has also been felt in our constitution where it was mentioned that the "State shall, within the limits of the economic capacity and development make effective provision for securing the right, ~~to~~ work, to education and social assistance in the case of unemployment, old age, sickness, disablement and other cases of under-served wants. Social Insurance although a very effective

device for social security is limited to a section of the population which preserves the employed status. As such under the system benefits are granted only to such persons who are members of social insurance schemes. But there are other sections of population which are either old, unemployed, minor children orphans, widows and in miserable conditions and do not get the opportunity to have employed status. These persons also need some social security which can only be granted through social assistance provided they have satisfied the assisting authority of their genuine requirement for such help. In this study it has been pointed out that social assistance is really a test of a nation's maintained development.

Social Assistance has been considerably affected by the social policy and in <sup>the</sup> ~~this~~ long <sup>run</sup> ~~distance~~ it is influenced by national economic policy. In an economically sound society it is an indicator of success. It has been argued that creation of social service measures has great advantages to a society by increasing its security, its moral value, relieving physically <sup>and</sup> mentally distressed persons by helping them reduce the causes of these evils which cut at the root of the structure of the society.

Social Assistance benefits can be granted in different shapes to different persons. It can be old age assistance and given to the old and the ~~invalid~~ <sup>invalid</sup> subject to certain qualifying conditions. Similarly, there is a provision for mothers' pension given to widows in case

of economic requirement. There is separate provision for children and their case is taken by the Government and different welfare institutions. Provision of unemployment assistance is available to unemployed persons seeking employment and they are being engaged in different public works programmes. Persons who had been disabled on account of any reason are rehabilitated and there is state provision for providing training to them. Recently assistance has been given to refugees with a view to provide them with basic minimum requirements. Some of the refugees have settled here and long term loans have been granted to them. Medical Assistance is one of the oldest forms of social assistance and now it has been taken as a social policy to provide essential medical facilities to the population. The Ministry of Health is directly responsible for such services.

There are some social welfare agencies which also provide social service benefits free of cost with the feelings of service motives. Some of the agencies have rendered very valuable services and were recognised as device of social security measure. General assistance programme is also there in which immediate relief, both in cash and kind, <sup>is</sup> are provided to distressed persons and families. Such types of assistance and relief are granted to the victims of natural calamities such as flood, drought, fire etc. Some of them have taken the form of long term benefits when benefits are granted for long duration. The remaining are known as short-term benefits <sup>are</sup> and ~~it is~~ given for shorter duration.

Financing of social assistance is a real problem in the way of its successful implementation. In our country it is perhaps the only reason for making these services unpopular. In almost all the developing economies the problem of financing has been solved very efficiently. It has been suggested that in an economy like ours such schemes can only stand within a reach of success if they are implemented with sufficient sound financing background. For that our financing policy should be effective and suited to our economy.

Since these schemes are financed by the general taxation, the basic questions would be the type of taxes which are levied, procedure of calculation of cost in different years and the share of the cost borne by the different levels of Government. It has been suggested that earmarked tax is essential for implementing these schemes successfully because the additional fund can be diverted to this sector. This is of course, the simplest way <sup>of</sup> ~~for~~ collecting specific funds for social assistance schemes. It is very difficult to predict the cost of social assistance in different years, on account of indefinite duration of payment in some cases, absence of uniform standard of payments, test of need, and residual character of social assistance programme. Some times it is impossible to forecast the volume of fund required for such services.

In this connection it has been suggested, that annually fixed percentage of taxes especially earmarked must be diverted for the implementation of these schemes and must be kept



separately as reserve. It may be somehow helpful in solving the problem regarding the share of cost which must be borne by the Central and State Governments. It has been suggested that ~~during the~~ <sup>initial</sup> stage of implementation of the scheme a given percentage of total cost must be financed by the Central and State Governments. The share of Central Government should essentially be higher than the State share on account of its elastic tax resources, higher borrowing potentialities and greater degree of control over the resources.

There are different social assistance systems organised by the Ministries of Labour, Rehabilitation, Education, Social Welfare and Health. The different Ministries directly control their fields and as such they try to provide better services.

Since social security schemes create an array of legal rights and obligations, law and regulations had ~~to be~~ drafted and must be sanctioned <sup>ed</sup> by the appropriate authorities. For better services it has been suggested that there must be centralization of machinery, as it has some important features of different sections of social and economic life. It is <sup>also</sup> thus/possible to make social assistance schemes universal in scope and provide adequate benefits. For the sake of uniformity in operation and convenience of services, centralization is essential.

In an economy like ours, social assistance has a great economic implication on the national economy. It has



been felt that preventive services and constructive economic policies should be directly linked to the social assistance schemes. As such, social progress and economic progress are interdependent and they have part time contributions to the economic development of a country. In an under-developed economy, the population problem has influenced the decision of social security benefits. As against it, in developed economies priorities have been given to preventive measures and organization of social services which would promote economic development. Social Assistance has been recognized as an economic stabiliser. It has also been taken as an important measure to remove the <sup>of</sup> inequality of income which is a current burning problem in all the developing economies of the world. earmarked tax for social assistance may transfer the income of rich persons to <sup>the</sup> poor ~~thus~~ reducing the problem of inequality of income of the different sections of the population. Social Assistance payment has virtual economic effect on the recipients. It may increase the productivity of the disabled, the unemployed and other categories of beneficiaries.

Taking the different aspects of the study it has been concluded that social assistance device indirectly strengthens the economy <sup>and helps</sup> to break the vicious circle of poverty, want and other social problems.

In an economy where the economic development is retarded on account of the prevalence of this vicious circle,

social assistance can be a very useful method to break it. This was perhaps the main reason of the slow growth of our economy. Now the Government of India is seriously thinking of implementing the important forms of social assistance in an elaborate manner. It has almost proved that these services are equally important for economic development as other measures are. In view of the fact, with the help of this study, it is suggested that every nation must implement them so as to have a better form of economy and ensure a higher standard of living to the population.

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## APPENDICES

APPENDIX IPROFORMA OF THE APPLICATION FORM

Application For Old Age Pension.

Original  
Duplicate

District : \_\_\_\_\_ Taluk : \_\_\_\_\_

Village : \_\_\_\_\_

1. Sri/Srimati : \_\_\_\_\_

2. Name of the Father/Husband : \_\_\_\_\_

3. Full Address : \_\_\_\_\_

4. (1) Age on the date of application: \_\_\_\_\_

(11) Sufficient proof in respect of the age/is/is not available (originals of records of proof or copies thereof enclosed herewith).

5. The applicant has the following mentioned relative whose age is given against there :-

(1) Sons \_\_\_\_\_; Age \_\_\_\_\_

(11) Brothers \_\_\_\_\_; Age \_\_\_\_\_

(111) Husband/Wife \_\_\_\_\_; Age \_\_\_\_\_

(iv) Grand-sons \_\_\_\_\_; Age \_\_\_\_\_  
(Son's son).

6. State if the applicant is lame, blind, deaf, etc., or is suffering from any incurable diseases like Leprosy, T.B., Paralysis etc., and if so, give their details below :-

7. I solemnly affirm that -

(1) I do not have any sort of income for my livelihood nor is there any person to help me.

- (ii) I have/have not applied previously for grant of Old Age Pension. If applied mention the action taken thereon.
- (iii) I am a resident of Andhra Pradesh. I have been residing in Andhra Pradesh during the three years immediately proceeding the date of this application.
- (iv) I declare that the information furnished in this application is true to the best of my knowledge.

Place:-----

Date:-----

.....  
Signature or Thumb Impression  
of the Applicant. on

### 8. Certificate:-

I..... know the applicant Sri/Smt.  
.....son/wife of.....  
intimately for the last..... years. He/She  
bears the following Identification marks:-

1..... 2..... 3.....

Signature or thumb  
impression of the Applicant

Signature of certifying  
Person

Date-----

Address-----

**Note:** This certificate should be submitted under the signature of a M.P., MLA, Chairman of the Municipality or Zila Parishad or a Gangetted Govt. Servant, Hony. Magistrate or President of Panchayat Board.



APPENDIX IIINSTITUTIONS FOR THE HANDICAPPED IN INDIA  
Institutions For The Blind (Preliminary)Andhra Pradesh

Andhra Blind Model School, Bheemavaram, West Guntur Dist.; Papuji Blind School, Chinnavuru, Guntur Dist.; Disabled Blind Children's Home and School, Guntur; Government School for the Blind, Cuddapah, Government School for the Blind, Hyderabad; Lutheran School for the Blind, Narsaraopet, Guntur; United Lutheran Church Mission Blind School, Rentachintala, Guntur Dist.

Assam

Shrimanta Shankar Mission Blind School, Nowgong.

Bihar

Blind School, Muzaffarpur; Maharani Adhirani Kameshwari Priya Andha Vidyalaya, Darbhanga; Netraheen Chatra Vidyalaya, Mandichak, Bhagalpur; Netrabhin Kalyan Sangh and Nissahaya Balak Grih, Patna 1; Patna Blind School, Patna-3; Premadevi Blind School, Monghyr; School for the Blind, Dhanbad; St. Michael's School for the Blind, Ranchi; S.P.C. Mission Blind School, Ranchi.

Delhi

Andh Prashikshan and Punarwas Kendra, Delhi-9;  
Institution for the Blind, New Delhi; Rashtriya Virjanand  
Andh Kanya Vidyalaya, New Delhi.

Gujarat

Adult Training Centre for the Blind, Ahmedabad-9;  
Ambaben Maganlal Andhyan Shala, Surat; Andh Kanya Prakash  
Grih (Light House for the Blind Girls), Ahmedabad-9; Andh  
Mahila Vikas Grih, Rajkot; Dohad Andh Jan Vidyalaya, Dohad;  
Government School for the Blind, Vadodara; Kalpana Nursery  
School ~~for~~ and Home for Deaf, Dumb and Blind, Ahmedabad-9;  
M.F. Doshi Andh Vidyalaya, Surendranagar; School for the  
Blind, Saurashtra, Shri Andh Sarvodaya Mandal, Rajkot; Tata  
Agricultural & Rural Training Centre for the Blind, Phansa.

Haryana

Blind Relief School, Hissar; Government Institute for  
the Blind, Panipet; Home for the Blind, Hissar; S.D. Institute  
for the Blind, Ambala Cantt.; Training Centre for the Blind,  
Sonapat.

Jammu & Kashmir

Residential School for the Blind, Jammu; Shri Abedananda  
Home for the Blind, Srinagar.

Kerala

Government School for the Blind, Cannanore; Kerala Blind Welfare Association, Angadipuram; Light for the Blind, Trivandrum; National School for the Blind, Trivandrum; Rotary School for the Blind, Alwaye; School for the Blind, Trichur; School for the Blind, Deaf & Dumb, Trivandrum; School for the Blind, Kottayam; School for the Blind, Alwaye.

Madhya Pradesh

Deaf, Dumb and Blind Vidyalaya, Indore; Free Institution for the Blind, Deaf and Dumb, Indore; Madhav Ansh Ashram, Gwalior; School for the Blind, Mungeli, Bilaspur District; School for the Blind, Deaf and Mute, Indore.

Maharashtra

Ansh Pragati Mandal, Bombay-18; Blind Boys' Institute, Nagpur-3; Dadar School for the Blind, Dadar, Bombay-14; Government Blind School, Latur, Osmanabad District; Government School for the Blind, Bhandardara; Government School for the Blind, Nasik; Haji Allarakha Sonawala Ansh & Ansh Stree Ashram, Andheri; Bombay-58; Happy Home and School for the Blind, Bombay-18; Industrial Home for Blind Women, Bombay, 14; Industrial Institute for the Blind, Deaf and Dumb, Nagpur; M.N. Banajee Industrial Home for the Blind, Bombay-60; N.S.D. Industrial Home for the Blind, Bombay-18; Pragati Ansh Vidyalaya, Navpada, Thana; School for the Blind, Nanded; Victoria Memorial School for the Blind, Bombay-34.

Mysore

Blind Relief Association, Bijapur; Divine Light School for the Blind, Bangalore; Government School for Deaf and Blind Boys, Mysore; Government School for the Blind, Dharwar; School for the Blind, Mysore; Shri Ramana Maharshi Academy for the Blind, Bangalore.

Orissa

School for the Blind; Bhubaneswar.

Punjab

Andh Vidyalaya, Amritsar; Bharatiya Andh Mitakarini Sabha, Amritsar; Central Kalsa Orphanage and Surma Singh Ashram, Amritsar; Home for the Blind, Ferozepur; Institute for the Blind, Amritsar.

Rajasthan

Blind School, Udaipur; Government School for the Blind, Ajmer; Phiroze and Hoshir Mervanjee Rehabilitation Centre for the Blind, Mt. Abu; Pragy Chaksh Sikshan Sansthan (Andh Vidyalaya), Udaipur; School for the Blind, Bikaner.

Tamil Nadu

Government School for the Blind, Poonamallee, Chingleput Dist.; Government School for the Blind, Salem-2; Students Service for the Blind, Tanjaram; Chingleput Dist.; School for the Blind & Deaf, Madras; School for the Blind, Tirumelveli-2;

School for the Blind, Tirupattur, Ramanathapuram Dist.; School for the Blind, Tiruchirappalli; St. Louis Institute for the Deaf and Blind, Madras-20.

### Uttar Pradesh

Ahmedi School for the Blind, Aligarh; Allahabad School & Home for the Blind, Lucknow; Blind School, Varanasi; Government School for the Blind, Lucknow; Government School for the Blind, Gorakhpur; Indumati Andh Shishu Sharmalya, Tehri, Tehri-Garhwal Dist.; Kunwarlal Singh Industrial School for the Blind, Manipuri; Madrasa Nabeena, Mjnor; Model School for Blind Children, Dehra Dun; School for the Blind, Kanpur; School for the Blind, Sitapur; Sharp Memorial School for the Blind, Dehra Dun; Shree Ajara Nand Andh Vidyalaya, Hardwar, Saharanpur Dist.; Training Centre for the Adult Blind, Dehra Dun.

### West Bengal

Blind Boys' Academy, Narendrapur, 24 Parganas Dist.; Blind Persons' Association, Calcutta-26; Calcutta Blind School, Calcutta; Light House for the Blind, Calcutta-26; Mary Scott Home for the Blind, Kalimpong, Darjeeling Dist.; Ramakrishna Mission Ashram, Narendrapur, 24 Parganas Dist.; School for the Blind, Cooch-Bihar.



INSTITUTIONS FOR THE DEAF (Preliminary)Andhra Pradesh

Government School for the Deaf and Dumb, Kakinada; Government School for the Deaf, Hyderabad; Training Centre for the Adult Deaf, Hyderabad.

Assam

Bhawari Debi Sarangi Deaf and Dumb School, Assam.

Bihar

Kameshwari Priya Poor Home, Darbhanga; Kshitish Deaf and Dumb School, Ranchi; Patna Deaf and Dumb School, Patna.

Dalhi

All India Deaf and Dumb Society, New Delhi-1; All India Federation of the Deaf and Dumb, New Delhi; Government Lady Moyu School for the Deaf and Dumb, New Delhi.

Gujarat

Government Deaf and Dumb School, Junagadh; Government School for the Deaf and Mutes, Pilapiganj, Mehsana; Government School for Deaf, Mutes and Blind, Rajkot; Muk Vidyalaya, Vadodara, School for the Deaf Mutes, Ahmedabad-9; School for the Blind, Deaf and Crippled children, Mandvi, Kutch Dist.; Shri Khinchand Laxmichand Deaf and Dumb School, Bhavnagar.

**Kerala**

Diocesan Deaf and Dumb School, Tiruvella, Alleppey Dist.;  
 Government School for Deaf Mutes, Kannampuram, Palghat Dist.;  
 Government School for the Blind, Deaf and Dumb, Trivandrum;  
 School for the Deaf and Mutes, Chunnargad; School for the Blind,  
 Deaf, and Dumb, Kunjankulam, Trichur Dist.

**Madhya Pradesh**

Child Guidance Clinic and Home for the Handicapped Children,  
 Jabalpur; Free Institutions for the Blind, Deaf and Dumb, Indore;  
 Government Deaf and Dumb School, Bhopal; School for Blind, Deaf  
 and Mutes, Indore.

**Maharashtra**

The Bharat Mukh Vidyalaya, Nagpur; Honable Deaf and Dumb School,  
 Nagpur; Bombay Deaf and Dumb Institute, Bombay-4; Bombay Institution  
 for the Deaf, Mute, Bombay; Deaf and Dumb School, Thana; Deaf and  
 Dumb School, Sholapur; Deaf and Dumb School, Sholapur; Deaf, Dumb  
 and Blind Industrial Institute, Nagpur; Government School for  
 the Deaf, Kolaba; Government School for Deaf and Dumb, Akola;  
 Industrial Institute for the Blind, Deaf and Dumb, Nagpur; Model  
 Deaf and Dumb Children's School and Home, Sholapur; Prof. Date's  
 School for Deaf and Mutes, Bombay-2; Stephen School for the  
 Deaf, Bombay-7; Tilak College of Education Vinayakumar Ramnivas  
 Rula Mukh Padhar Vidyalaya, Poona; Vishnu Sikshan Prasarak  
 Mandals Deaf and Dumb School, Kolhapur.

Mysore

Government School for the Deaf and Blind Boys, Mysore;  
Municipal Deaf and Dumb Institute, Bangalore; School for  
Deaf and Blind Boys, Mysore; School for Deaf Girls, Mysore.

Orissa

All India Deaf and Dumb School, Bhubaneswar, Muk Vadhir  
Vidya Bhavan, Bhubaneswar.

Punjab

Deaf and Dumb School, Jullundur City; Deaf and Dumb School,  
Amritsar; Punjab Deaf and Dumb Organisation, Jullundur; Punjab  
School for Deaf and Dumb, Jullundur City.

Rajasthan

Badhir Vidyalaya for the Deaf, Ajmer; Seth Anandlal Poddar  
Institute for the Deaf and Dumb, Jaipur.

Tamil Nadu

Deaf School, Mannadurai, Ramanathapuram, Dist.; Florence  
Swainson School for the Deaf, Palayankottai, Tirunelveli Dist.;  
Municipal Deaf and Dumb School, Karaikudi, Ramanathapuram Dist.;  
School for the Deaf and Blind, Madras-6; School for the Deaf  
(C.S.I.), Madras; Shanti Samarasa Deaf and Dumb School, Tirunelveli.

Uttar Pradesh

Deaf and Dumb Institute, Chahajahanpur; Deaf and Dumb School, Jhansi; Deaf and Dumb School, Varanasi; Deaf and Dumb School, Lucknow; Deaf and Dumb School, Meerut; Deaf and Dumb School, Gorakhpur; Goonga Baharen Ka Vidyalaya, Kanpur; Government Deaf School and Dumb School, Agra; Nandhi Duniya Deaf and Dumb School, Dehra Dun; School for Deaf, Dumb and Blind, Kanpur; U.P. Deaf and Dumb Institute, Allahabad; Voluntary School for the Deaf and Dumb, Saharanpur.

West Bengal

Bengal Deaf and Dumb Association, Calcutta-9; Calcutta Deaf and Dumb School, Calcutta-4; Deaf and Dumb School, Calcutta; Maharani Nilima Prabha Deaf and Dumb School, Murshidabad; Manbhun Muk Badhir Vidyapith, Purulia; Oral School for Deaf Children, Calcutta-20; Shambazar Deaf and Dumb School, Calcutta; Suri Deaf and Dumb School, Suri Birbhum.

INSTITUTIONS FOR THE ORTHOPAEDICALLY HANDICAPPED

(Preliminary)

Andhra Pradesh

Aram Ghar, Hyderabad; Bharat Sevak Samaj, Guntur; Crippled Children School and Hostel, Guntur; Home for the Disabled, Secunderabad; Home for the Disabled, Hyderabad; Rani Chandramani Devi Children's Hospital, Vishakhapatnam; Shanti Ashram, Waltair.

Bihar

Benilal Memorial Children's Hospital, Muzaffarpur; The Crippled Children Institute, Patna-3.

Delhi

Indian Association of the Physically Handicapped, Delhi-3; Occupational Therapy Home, New Delhi; Occupational Therapy Institute, New Delhi.

Gujarat

Apang Manav Mandal, Ahmedabad; Home for the Crippled Children, Vadodara; School for Crippled Children, Blind, Deaf and Dumb, Kutch.

Kerala

Care Home for Disabled Children, Quilon; Care Home for Disabled Children, Trichur.

Madhya Pradesh

Child Guidance Clinic and Handicapped Children Colony, Jabalpur; Orthopaedically Handicapped Children's Home, Indore.

Maharashtra

Government Home for the Crippled Children, Nagpur; Government Home for the Crippled Children, Aurangabad; Home for the Aged and Handicapped, Nagpur; Nagpur Association for Rehabilitation of Children with Orthopaedic Disabilities, Nagpur; School for the Bed-ridden Children in the Bai Jerbai Wadia Hospital, Bombay; Society for the Crippled Children, Bombay-11; Society for the Welfare of Physically Handicapped, Poona.



Mysore

Association of the Physically Handicapped, Bangalore-2;  
 Karuna Griha, Melkote, Mandya Dist.; Mysore Mahila Vidyapeeth  
 (Home for the Handicapped Girls), Hubli, Dharwar Dist.

Punjab

All-India Pingalwara Society, Amritsar; Apahaj Ashram,  
 Jullundur City; Saket Home for the Orthopaedically Handicapped  
 Children, Ambala Dist.

Tamil Nadu

Iswari Prasad Dattatreya Orthopaedic and Educational Centre,  
 Madras-28; Rotary Club of Kumbakonam, Kumbakonam; The Society  
 for the Aid of Handicapped Children, Coimbatore-1; Society for  
 the Welfare of the Handicapped, Madras-8.

Uttar Pradesh

Handicapped Children's Relief Society, Rampur; The Handicapped  
 Clinic, Lucknow.

West Bengal

Hospital for Crippled Children, Calcutta-35; Welfare  
 Association for the Physically Handicapped, Calcutta-19.

APPENDIX IIISTATEWISE DISTRIBUTION OF FAMILY AND CHILD WELFARE  
PROJECTS AND CENTRES AS ON 31-3-1970

<u>Sl. No.</u>	<u>State</u>	<u>No. of Projects</u>	<u>No. of Centres</u>
1.	Andhra Pradesh	4	32
2.	Assam	8	64
3.	Bihar	8	64
4.	Gujarat	11	88
5.	Haryana	5	40
6.	Jammu and Kashmir	3	24
7.	Kerala	-	-
8.	Madhya Pradesh	20	160
9.	Maharashtra	31	248
10.	Mysore	20.	160
11.	Nagaland	-	-
12.	Orissa	9	72
13.	Punjab	5	40
14.	Rajasthan	3	24
15.	Tamil Nadu	4	32
16.	Uttar Pradesh	11	88
17.	West Bengal	19	152
18.	A & N Islands	-	-
19.	Chandigarh	-	-
20.	Delhi	1	8

Contd.....

Appendix III continued:

Sl. No.	State	No. of Projects	No. of Centres
21	Goa, Daman & Diu	7	56
22.	Himachal Pradesh	3	24
23.	Manipur	2	16
24.	N.E.F.A.	-	-
25.	Pondicherry	3	24
26.	Tripura	1	8
Total		178	1424

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APPENDIX IVINTEGRATED PRE-SCHOOL PROJECTS (URBAN NEIGHBOURHOOD)  
1969-70

<u>Sl. No.</u>	<u>Name of Agency</u>
1.	Delhi, Maternity Hospital, Pura Road, New Delhi.
2.	Punjab, Haryana State Council for Child Welfare, Chandigarh.
3.	Indian Council of Social Welfare, Gujarat Branch, Ahmedabad.
4.	Indian Council of Social Welfare, Assam State Branch, Shillong.
5.	Nanhi Duniya, Dehradun.
6.	West Bengal Council for Child Welfare, Calcutta.
7.	Indian Council of Social Welfare, Bhopal.
8.	All India Association of the Servants of Nomadic Tribes, Thakar Bapa Smarak Sadan, Ambedkar Marg, New Delhi.
9.	Sree Varham Vanitha Samithi, Vanitha Samithi Building, South Fort, Trivandrum-1.
10.	Punjab and Haryana States Council for Child Welfare, Balbhavan Building, Sector-23B, Chandigarh (Project at Faridabad)
11.	Maharashtra State Branch of the Indian Council of Social Welfare Sponsarsas Committee, Mathura Das Estate Building , 43/45, Colaba Conesway, Bombay-1.

APPENDIX V.BOOKS, REPORTS AND OTHER LITERATURE CONSULTED  
AND SPECIALLY REFERRED TO IN THE THESISI. B\_O\_O\_K\_S;

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26. Idgunji, Social Insurance and India (Calcutta, 1943)
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29. Larson (Arthur), Know Your Social Security
30. Mehta (M.M.), Economics of Social Security (Allahabad, 1951)
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35. Punekar (S.D.), Social Insurance for Industrial Workers in India (Bombay, 1950)
36. Rathbone (Lleanor), Family Allowances (London, 1949)
37. Robson (William A.), Social Security (London, 1948)
38. Schloss (David F.), Insurance Against Unemployment (London, 1909)
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41. Wadia (A.R.), History and Philosophy of Social Work in India, 1961
42. Zwig (F.), The Planning of Free Society (London, 1942)
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#### II. I.L.O. PUBLICATIONS.

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2. I.L.O. and Social Insurance (Studies and Reports, Series M., No. 12, 1926)
3. Compulsory Sickness Insurance (1927)
4. International Survey of Social Services (Two Vols., Studies and Reports, Series M, No. 13, 1937)
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